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ABSTRACT

A national survey was conducted as part of the UCLA Allied Health Professions Project to: (1) analyze the various levels of personnel performing non-clinical tasks within the hospital nursing unit (ward), (2) determine the components of a curriculum for training such personnel, and (3) determine the feasibility of developing a pattern of upward career mobility in administration of the hospital nursing unit. A task inventory consisting of 169 tasks grouped as either clerical or management functions was developed and distributed to a panel of experts and to 243 unit administration personnel. Responses from 189 employees and the expert panel revealed that: (1) Tasks clustered into two groups, with one group comprising tasks which might be accomplished by clerical personnel and the other comprising tasks which might be performed by managerial personnel; (2) In general, the current performance of tasks by various occupational levels is at a variance with practices recommended by the expert panel; and (3) The expert panel rated many tasks higher in difficulty than the personnel performing them. Implications for curriculum development are included, and the survey questionnaires and other study materials are appended. (SB)

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THE UCLA ALLIED HEALTH PROFESSIONS PROJECT

OCCUPATIONAL ANALYSIS

NURSING UNIT ADMINISTRATION

(WARD ADMINISTRATION)

VT017655

UNIVERSITY OF CALIFORNIA, LOS ANGELES
DIVISION OF VOCATIONAL EDUCATION
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Occupational Analysis

NURSING UNIT ADMINISTRATION

(Ward Administration)

Interim Report

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UNIVERSITY OF CALIFORNIA, LOS ANGELES
Division of Vocational Education
ALLIED HEALTH PROFESSIONS PROJECT

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FOREWORD

The Division of Vocational Education, University of California, is an administrative unit of the University concerned with responsibilities for research, teacher education, and public service in the broad area of vocational and technical education. During 1968 the Division entered into an agreement with the U.S. Office of Education to prepare curricula and instructional materials for a variety of allied health areas. For the most part such materials are related to pre-service and in-service training from on-the-job instruction through Associate degree programs.

This report is a summary of the functional analysis of the occupational groups within the area of hospital Nursing Unit Administration (Ward Administration). A national panel of experts, selected among the leaders in the field, provided assistance in the identification and evaluation of the tasks contained in a questionnaire distributed country-wide. The survey was used to identify performance of tasks by job titles in the nursing unit in health care facilities throughout the nation.

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SUMMARY

Objectives

1. To analyze the various levels of personnel currently performing the non-clinical tasks within the hospital nursing unit (ward).

2. To determine the components of a curriculum needed for training personnel to perform non-clinical functions within the hospital nursing unit.

3. To determine the feasibility of developing a pattern of upward career mobility in the administration of the hospital nursing unit.

Procedures Employed

1. Search of pertinent literature to determine current practices and trends in Nursing Unit Administration (Ward Administration).

2. Development of a survey instrument based on an inventory of non-clinical tasks in Nursing Unit Administration (Ward Administration).

3. Survey by Expert Panel selected nationwide from leaders in the Nursing Unit Administration (Ward Administration) field to evaluate the performance of the tasks within the Nursing Unit Administration (Ward Administration) function.

4. Survey of the level of personnel performing the non-clinical tasks in the administration of the nursing unit (ward) in a national sample of hospitals.

5. Analysis of survey data for the development of a curriculum.

Findings

1. Tasks were found to cluster into two groups: the first group comprised tasks which might be accomplished by clerical personnel, and a second-level group those which might be performed by managerial personnel. Survey results reveal that first-level tasks were performed by both clerical and managerial personnel. Second-level tasks were performed only by managerial personnel.

2. For certain tasks, the Expert Panel recommends performance by a higher level of occupational category than is currently the practice. In other instances, the recommended level of occupational category is lower. In general, the current performance of tasks by various occupational levels in Nursing Unit Administration is at variance with practices recommended by the expert panel.

3. The survey results reveal no discernible relationship between criticality and difficulty. When the Expert Panel rates a task as being very critical they do not necessarily rate the task as being very difficult.

4. The Expert Panel rates many tasks higher in difficulty than do the personnel performing the tasks.

Implications for Curriculum Development

1. The core, or Step One of Unit Administration curriculum, is instructional material to cover the skills and knowledge required to perform the tasks done by both clerical and managerial personnel. The balance of the curriculum consists of instructional material to provide the skills and knowledge required to perform a second group of tasks done only by managerial personnel. The progression from first-level skills through the second-level skills provides a method of upgrading (vertical mobility) from the entry-level to the unit manager occupation.

2. The number of persons surveyed who had neither training nor previous hospital experience in unit administration suggests that the hospital must carry the burden of instruction. Instructional modules for training new employees would be beneficial and desirable.

3. Training and experience in unit management might be logically sequenced to provide an alternate route to the level of hospital administrator.

4. The administrator or manager of the hospital nursing unit is considered a "middle-management" position. Where these positions are held by non-nursing personnel, the majority are male. If the unit manager position were to be filled by non-nursing personnel, it is believed that more male personnel might be attracted to the occupation.

OCCUPATIONAL ANALYSIS OF TASKS PERFORMED IN HOSPITAL UNIT MANAGEMENT

I. INTRODUCTION

The Projects and Their Goals

Early in 1968 the United States Office of Education invited proposals for research and development programs to stimulate the recruitment and training of manpower for the allied health occupations. One of the organizations invited to participate was the Division of Vocational Education of the University of California at Los Angeles. A proposal submitted by the division was approved by the Office of Education and funded for a four-year period. Designated as the Allied Health Professions Projects, the program began operations in August 1968.

The fundamental objectives of the Allied Health Professions Projects are to develop curricula and instructional materials for those allied health functions that can be taught to the Associate degree level, and to develop in-service and pre-service instructional programs for those health-related occupations for which on-the-job training may be appropriate.

The initial steps leading to the development of curricula involve the identification and listing of all possible tasks in a specified functional area, and verification of their performance by personnel in the occupational categories under consideration. The use of a task inventory, it was believed, could provide performance goals and delineate the specific skills which must be learned to do the job. The health functions to be explored included both facility support services and clinical occupations.

Nursing Unit Administration (Ward Administration) was identified as one of the major occupational areas for which the development of curricula was envisioned. The present report deals with the results of a survey of task performance in this field.

The nursing unit is the area of a hospital plant designated and equipped to deliver nursing care to a group of patients. The nursing units vary in size and according to the type of nursing care required.

Nursing Unit Administration is defined as a non-clinical patient care function found on the hospital nursing unit. It includes clerical, administrative, and managerial operations.

Nursing Unit Administration is not a new concept. The presence of a clerk on the unit became standard practice in some hospitals as long as 30 years ago.[1]

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[1]"Freeing the Nurse to Nurse," AMERICAN JOURNAL OF NURSING, March 1964, page 73.

Historically, little work has been done in developing Unit Administration curricula. The growing complexity of the modern health care system has meant demands of increasing scope and difficulty made on the nurse. As the role of nursing has expanded, too few trained nurses have been available to meet the needs of our hospitals. The occupations of Unit Clerk and Unit Manager have emerged in response to the need for relieving the nurse of time-consuming clerical and non-clinical management duties that are not properly a part of the professional nursing function. In order to avoid semantic confusions that might arise from the lack of standardization of nomenclature, the word "unit" has been chosen in preference to "ward". Though Ward Administration is a commonly accepted term, it may carry negative connotations and does not adequately describe the modern nursing unit with private and semi-private rooms.

II. PROCEDURES

A. Development of the Task List

In keeping with the objectives of the Allied Health Professions Projects, a task analysis of Nursing Unit Administration occupations was undertaken. The project staff developed a survey instrument for the analysis of occupations of all personnel who perform non-clinical tasks within the hospital nursing unit. What follows is a brief discussion of the survey instrument and the kind of information it provides in relation to the Nursing Unit Adminstration's occupations.

1. Task identification

Materials for an initial list of Unit Administration tasks were obtained by utilizing several sources. A survey of the relevant literature was made, job descriptions were obtained, practitioners were interviewed to provide information regarding their job activities, and actual observations of nursing unit clerical and managerial personnel in several hospitals in the Los Angeles area were made by an Allied Health Professions Projects research assistant.

Results of this research suggested that there are two principal categories of personnel engaged in Unit Administration functions: the first category is composed of persons performing mainly clerical and secretarial functions and having such titles as unit clerk, ward clerk, station secretary, and unit secretary; the second category is composed of persons performing administrative, managerial,and other non-clinical functions, including those concerned with providing supplies to the nursing unit. These persons have such titles as unit manager, ward manager, pavilion manager, floor manager, unit supervisor, and patient service coordinator. While the occupations of unit clerk and unit manager are distinguishable in general terms, the degree of overlap between them with respect to specific functions is sufficient to make compilation of separate task lists for the two occupations impractical at this point. Consequently, a single task list has been developed to cover all tasks that might be performed by personnel in either or both categories as indicated by the literature and observations in the field.

Following task identification, the list consisted of 169 tasks grouped under 12 major sub-headings defining broad areas of activities. The sub-headings were further clustered and designated as either clerical or administrative functions. The functional areas, with examples of the kinds of tasks comprising them are:

Clerical Functions

Record Keeping:	"Record appropriate information in Kardex."
Communications:	"Requisition laboratory services."
Patient-Centered Activities:	"Record admission of new patient on appropriate forms."

Supp ies and Equipment:	"Place supplies and equipment in assigned position."
Safety and Sanitation:	"Fill out accident reports."

Administrative and Management Functions

Objectives and Policies:	"Formulate goals of nursing unit."
Planning and Departmental Organization:	"Determine staffing needs."
Staff Selection and Management:	"Rotate duty assignment of employees."
Budgeting:	"Determine supply needs."
Coordinating Activities:	"Conduct staff meetings."
Education and Training:	"Give on-the-job training."
Research:	"Test new equipment and procedures."

2. Pre-surveying the Task List

A pre-survey was conducted to test the preliminary Unit Administration task list on a small group of respondents before presenting it to the larger national survey sample. The pre-survey provided suggestions for additions, deletions, and modifications of tasks from persons with experience in the field of Unit Administration.

Whenever possible, the respondent completed the survey questionnaire in the presence of an Allied Health Professions Projects research assistant. Thus, when a respondent appeared to experience confusion or difficulty in responding to a task, it was possible to determine the cause and correct the problem.

As the pre-survey progressed, the task list was continually revised, with modifications based on the suggestions and criticisms of successive respondents being incorporated into the list before presenting the questionnaire to later respondents. Tasks that a majority of respondents considered not to be germane to the field were either eliminated or re-worded as suggested by respondents. As the pre-survey continued, fewer criticisms were voiced by successive respondents, and the final draft of the task list was developed after the tenth respondent had been surveyed.

It was demonstrated in the pre-survey that the sequence of tasks listed in the questionnaire needed to be modified. The interest of both clerical and managerial staff was sustained throughout the questionnaire by placing the "Clerical" section before the "Administrative" section. In contrast, when the "Administrative" section was first, clerical personnel who had little role in performing these tasks tended to be less interested.

B. Objectives and Design of the Survey Instrument

With respect to an occupational function, the major intent of the Allied Health Professions Projects staff was to gather those data which would be most relevant to the development of instructional materials. The survey was specifically directed to the following questions:

1. Does the individual perform the task?

2. Does the individual supervise the performance of the task?

3. What is the frequency with which each task is performed?

4. What is the level of difficulty of the task?

It was assumed that the employee himself could most accurately describe the frequency with which he performed a task. The assessment by personnel of the difficulty of a task was thought to be useful in determining the concepts or skills involved in competent performance.

The results of the task survey do not by themselves provide the full range of information required for adequate task analysis. The knowledge of effective dimensions essential to task performance are not all obtainable through questions directed to personnel. For example, the dimension of "difficulty" has both a subjective and an objective component. Information on the former may be obtained by the responses of personnel in the task inventory survey discussed above; to measure the objective component requires expert analysis and evaluation of the task and its accompanying procedures.

A sample page of the survey instrument along with covering informational material appears in Appendix 2B. The entire task list and all survey questions are given in tables which accompany the text.

C. Other Data

In addition to the responses of personnel, a group of leading experts in the occupational area was asked to make judgments concerning dimensions of task performance deemed important in the building of an innovative training program. These dimensions are:

1. Difficulty

2. Criticality

3. Occupational Level

A description of the scales and the procedure for their application by the panel of experts are found in Appendix 4. The roster of the panel participating in the study appears in Appendix 1.

D. Background Information

Each person to whom the questionnaire was given was also requested to furnish background information covering his work situation and personal

characteristics. Questions were asked about education, certification, previous experience, age, sex, size of hospital and department. (See Appendix 3 for a sample of the Background Information Questionnaire.)

E. Survey Sample

Since the curriculum and instructional materials developed were to have national applicability, respondents to the task analysis survey were selected so as to reflect for the country as a whole a generalized pattern of medical and nursing care in a hospital unit. A panel of 48 hospitals (which became the standard group sample) was designated from which respondents were to be selected for all or most of the occupational analyses undertaken in the Allied Health Professions Projects.

Medical facilities were surveyed in six designated geographical areas, each centered in a metropolis and with a radius of approximately 200 miles. Both urban and rural hospitals were included. The centers were Boston, Chicago, Birmingham, Denver, Los Angeles, and Seattle. Other criteria for selection included hospital size (number of beds) and type of facility (acute general hospital or Extended Care Facility). Each area sample included two hospitals with more than 200 beds, two hospitals with 100 to 199 beds, two hospitals with less than 100 beds, and two Extended Care Facilities. Additional requirements imposed on the selection of the sample institutions were that they be accredited by the Joint Commission on Accreditation of the American Hospital Association, that they meet the requirements for Medicare, and they be willing to participate. (See Appendix 5 for list of hospitals surveyed.)

F. Method of Administering the Questionnaire

Each hospital was requested to provide a list of employees in the occupational group under study and to appoint one employee as the survey administrator. For the occupation of Unit Management, where there was no position specifically named "Unit Manager" or "Unit Administrator", the person performing this function was designated by the hospital.

The survey administrator distributed a survey packet to each respondent. The packet included the questionnaire, a background information sheet, a set of instructions, and an envelope. The questionnaires were self-administered. They were returned to the survey administrator in a sealed envelope and all completed survey packets were forwarded to UCLA for processing.

Assistance in the processing and reduction of survey and background information data and computer analysis of these data was provided by the Survey Research Center of the University of California, Los Angeles. Distributions were obtained for frequency, supervision, and difficulty responses to all tasks listed on the survey for all of the occupational groups. The mean, mode, and median were calculated for each distribution in terms of the numerical scale values. The responses to all tasks listed on the survey by the Expert Panel were hand tabulated. Mode scores for difficulty, criticality, and occupational level were calculated according to numerical scale values.

III. DATA ANALYSIS

A. Analysis of Background Information from Respondents

A total of 243 questionnaires was distributed to the Unit Administration personnel. Responses were received in time for processing from 189 respondents, a response rate of 78 percent (See Table 1). Several additional questionnaires received after the final cut-off date were not included in the analysis of the data. Of 189 questionnaires received, six were considered inappropriate for inclusion in the analysis of the data. Consequently, analysis will be based on 183 useable responses.

One respondent's title was that of Secretary. Her place of employment was a facility of more than 200 beds and her responses indicated that her tasks related to typical office secretarial functions. She performed only eight percent of the total number of tasks listed. Since her responses were completely unrelated to the response patterns of other position-titles, her answers were not included with responses of the other clerical personnel.

Another respondent, whose job title was Nurse Aide, performed only three percent of the total number of tasks listed. Since this response was also unrelated to any pattern of any other position-title, her responses were not included in the summation of either clerical or managerial personnel.

The two Nursing Directors and the two Administrators were deemed inappropriate for inclusion in this study because the parameters of their responsibilities extend for beyond the nursing unit of a hospital facility.

From the total list of 169 tasks, 22 tasks were performed by Directors of Nursing or Administrators, but not by the clerical or managerial group. To have included these responses with those of the other managerial personnel would have distorted and overextended curricula based on required task performance within the unit.

Table 1. NUMBER OF QUESTIONNAIRES DISTRIBUTED AND NUMBER AND PERCENT RESPONSES RECEIVED, BY GEOGRAPHIC AREA

Number of Questionnaires	Geographic Area						
	Birmingham	Boston	Chicago	Denver	Los Angeles	Seattle	Total
Distributed	45	43	45	36	34	40	243
Returned	31	31	37	31	25	34	189
Percent returned	69	72	82	86	74	85	78

Fifteen different position titles were reported by the respondents. These were reduced to ten, based upon the similarity in job descriptions. A study of patterns of task performance* suggested a further clustering of the position titles. They divided into either a clerical or a managerial pattern.

The clerical category comprised respondents whose job titles included ward clerk, unit clerk, ward secretary and unit secretary. The managerial category included respondents who had identified their occupational titles to be LVN-LPN, Staff Nurse, Charge Nurse, Floor Manager, Coordinator, Head Nurse, Floor Supervisor, and Supervisor of Nursing (see Table 2).

Table 2

Respondents by Position-Title

Position Title	Number Reporting
Ward Clerk, Unit Clerk	74
Ward Secretary	16
Secretary	1
Nurses' Aide	1
LPN or LVN	5
Head Nurse, Charge Nurse	56
Floor Manager, Coordinator	12
Supervisor of Nursing, Floor Supervisor	19
Director of Nursing	2
Administrator	2
Total	189

*"Performance" will be used hereafter to designate both performance and supervision.

Table 3

Respondents by Occupational Category
and Geographic Area

Occupational Category	Geographic Area						
	Birmingham	Boston	Chicago	Denver	Los Angeles	Seattle	Total
Total Unit Mgt. Personnel	N= 29	N= 31	N= 35	N= 30	N= 25	N= 33	183
Clerical	12	14	19	15	11	21	92
Managerial	17	17	16	15	14	12	91

Of the usable responses, approximately 51 percent represented the clerical category; 49 percent were from the managerial category.

Further response to the questionnaire on personal characteristics is summarized in Table 4, pages 13 through 15.

Respondents by Type of Health Care Facility:

The distribution of respondents by hospital size shows that 45 percent of the survey sample came from large hospitals (200 or more beds).

Respondents by Health Care Setting:

The largest proportion (91%) of respondents in all categories was employed on the nursing station. Two percent were in the Emergency Room and 1.5 percent worked in an Extended Care Facility.

Nursing Station included all areas of patient care as well as those departments which were listed as unit management, patient service, and patient service coordination.

Respondents by Sex:

The overwhelming majority of unit administrative personnel is female. Of the 93 managerial respondents, 12 classified themselves as floor managers or patient service coordinators. Eight of these were males. Six of the eight male respondents designated as patient service coordinators are employed in a large hospital of 750 beds which has an ongoing formal patient service coordination organization. Another male respondent is from another large hospital, and is called "floor manager." The only other male respondent in a managerial position is the head nurse of his surgical department (Table 4).

Respondents by Age:

The total of 183 respondents excludes those six respondents whose questionnaires were not utilized. The median age in the clerical group is 41 years; mode is in the classification of 20 - 29 years. The median age for both groups is 38 years.

The age distribution of both clerical and managerial categories is similar and evenly spread through ages 20 through 59. Neither of the occupational groupings seems to indicate any age-specificity. Ages of males reporting in the sample surveyed range from 23 to 30 years, with 26 years the median age.

Respondents by Academic Education Completed:

Ninety-two percent of the clerical group had at least a high school or equivalent education; one person had earned a master's degree in Business Administration; one had earned a bachelor's degree in Psychology. Eighty-two percent of the managerial group had some college education. The bachelor's degrees were in Psychology, Biology, English, Education (History major), Political Science, Social Work, and Science. Six of the registered nurses were graduates of baccalaureate programs. The only master's degree, held by a floor manager, was in Agronomy.

Respondents by Technical or Training Programs Taken:

The clerks received on-the-job training, usually of less than one year. There were five who had received Ward Clerk certificates for a three-month course. Other courses taken showed no relationship to the function of Unit Management. Among the RN's, 89 percent were diploma school graduates.

Respondents by Salary:

Seven clerks and six managers were part-time employees. This partially accounts for the seemingly low salaries in Table 4. The median salaries for clerks are scaled between $4,000 and $5,999 per annum. The median salaries for managers are between $8,000 and $9,999 per annum.

Respondents by Certification, License, or Registration:

Among the clerical group, 89 percent had no certification. Among the eight other clerical respondents, five were certificated as having received a three-month Ward Clerk training. The other three had certifications in unrelated fields, such as cosmetology.

Among the managerial group, the RN's who were neither diploma school graduates nor graduates of a baccalaureate program had received Associate level degrees. The other kinds of certification had no relationship to nursing or Unit Management functions.

Respondents by Previous Positions Held:

Of the 165 respondents reporting about previous positions, 54 persons (33%) had been employed in nursing or hospital-related occupations. In the remaining 67 percent, all had been previously employed in non-hospital-related activities.

The males in the managerial classification had been social workers, sales manager, food store manager, students, or had served with the armed forces. One female had been a station clerk for two years before progressing to her present position as a Patient Service Coordinator.

Respondents by Present Position:

The respondent population appeared to be unusually stable, with a high proportion employed at their present facilities for more than two years.

In the clerical group, 81 percent of the sample had been in the present position less than five years. The median is three years in the present position. In the managerial group, 80 percent of the sample had been in the present position less than five years. The median is four years in the present position. Most of the male respondents were from a facility which had adopted the "unit manager" system only two and a half years earlier. Male respondents ranged from one month to two and a half years in their present position. The median number of years in the present position for male respondents was one year and two months.

Table 4.

DESCRIPTION OF RESPONDENTS BY OCCUPATIONAL CATEGORY
(By Size of Hospital and Area of Patient Care)

Item	Occupational Category		Total
	Clerical N=90	Managerial N=93	N=183
Size and Type of Health Care Facility			
Acute General Hospital			
To 99 - Beds	16	22	38
100 - 199 Beds	28	25	53
200 Plus	44	39	83
Extended Care Facility	2	7	9
Area of Patient Care			
Hospital Nursing Station	83	80	163
Hospital Emergency Room	2	2	4
Extended Care Facility	1	2	3
No Answer	6	7	13

(Continued)

Table 4. (Continued)

DESCRIPTION OF RESPONDENTS BY OCCUPATIONAL CATEGORY
(By Sex, Age, and Academic Education)

Item	Occupational Category		Total
	Clerical N=90	Managerial N=93	N=183
Sex			
Male	1	8	9
Female	89	85	174
Age			
Under 20 Years	3	1	4
20 - 29 Years	20	33	53
30 - 39 Years	19	22	41
40 - 49 Years	27	18	45
50 - 59 Years	19	12	31
60 and Over	3	3	6
No Answer	6	1	7
Academic Education			
Less than High School	8	0	8
High School or Equivalent	47	14	61
Some College (no degree)	20	24	44
Associate Degree	0	6	6
Bachelor's Degree	12	1	13
Master's Degree	1	1	2
Other	9	34	43
No Answer	6	1	7

(Continued)

Table 4. (Continued)

DESCRIPTION OF RESPONDENTS BY OCCUPATIONAL CATEGORY
(By Technical or Training Programs, Certification, License, Registration, and Salary)

Item	Occupational Category		Total
	Clerical N=90	Managerial N=93	N=183
Technical or Training Programs			
On-the-Job	17	3	20
Military Courses	1	5	6
Manufacturer's Courses	1	0	1
Vocational Schools	7	4	11
Certificates or Diplomas	8	73	81
Other Courses	10	3	13
None or No Answer	48	3	51
Certification, License, or Registration			
R.N.	0	73	73
L.P.N. or L.V.N.	2	5	7
Other	8	4	12
None or No Answer	82	9	91
Salary			
Less than $2,000	1	1	2
$2,000 - $3,999	35	4	39
$4,000 - $5,999	47	6	53
$6,000 - $7,999	4	32	36
$8,000 Plus	1	46	47
No Answer			6

(Continued)

Table 4. (Continued)

DESCRIPTION OF RESPONDENTS BY OCCUPATIONAL CATEGORY
(By Previous Position Held, and
Years in Present Position)

Item	Occupational Category		Total
	Clerical N=90	Managerial N=93	N=183
Previous Positions Held			
Nursing	22	23	45
Hospital-Related	7	2	9
Non-Hospital Related (excluding students and military)	37	10	47
Student	3	16	19
Military	0	2	2
None	17	26	43
No Answer	4	14	18
Years in Present Position			
Less than 1 Year	16	24	40
1 - 2 Years	27	27	54
2 - 5 Years	30	24	54
5 - 10 Years	13	15	28
10 Plus	4	0	4
No Answer	0	3	3

B. Description of Statistics Used

A special aim of this report is to determine which task activities are differentiated by occupational category. Another issue is the appropriateness of personnel to the adequate performance of the task. The report relies upon the judgment of its Expert Panel concerning the appropriate level of difficulty. The dimension of "criticality" is included to arrive at a preliminary assessment of those tasks which, in the experts' opinion, are critical to the efficient and effective operation of unit management. It serves to pinpoint those tasks which require a given level of training for competent performance.

The mode (the scale value most frequently occurring for each task) was used in preference to the mean as an indicator of the responses. In many instances it was found that the shape of a distribution was such that its mean would not be representative of any respondents. Essentially, most of the data clustered around the modal value. It is interesting to note that, in many cases, mode and median (the mid-value which has just as many cases below is as above it) turned out to be the same. Whenever there was a bimodal distribution, the upper modal value was taken. It was believed that using the upper mode value when a choice was necessary, would act as a safeguard in assessing behavioral objectives for task performance.

The response to the question for each task could be that the person either performed the task or supervised the task. When the results were tabulated, the numbers either performing or supervising were added together. This decision was based on the rationale that for purposes of development of curricula and instructional material, familiarity with the task was as essential for supervision as for performance. Further analysis would provide evaluation criteria to establish acceptable performance standards for each task. The results of the occupational analysis are described in terms of the following task parameters:

1. Percentage of respondents who either perform or supervise the task.

2. Modal frequency by respondents who perform or supervise the tasks. (See Appendix 4A for scale.)

3. Modal value of the difficulty ratings of the task by the respondents as well as by the Expert Panel.

4. Modal value of the criticality rating of the task by the Expert Panel. (See Appendix 4B for scale.)

5. The modal value of the appropriate level of occupational category as determined by the Expert Panel.

C. Compiling Data on Performance by Clerical and Managerial Personnel

Tabulation of tasks performed by clerical or managerial personnel was made in terms of whether the job was performed or supervised. This frequency is reported by percentages in each classification according to five divisions. (See Figures A-(1) through B-(7), on pages 20 through 51).

1. 0%: these tasks would obviously be excluded from curriculum consideration.

2. 1-24%: this classification was intended to identify those tasks that seemed to be related to specific procedures exclusive to a particular hospital.

3. 25-49%: tasks performed at this level of frequency are currently and generally practiced in sufficient numbers to be considered common to many facilities and to warrant development of educational units for use in the appropriate educational setting, on the job or in the classroom.

4. 50-74%: the tasks that are performed with this high degree of frequency are considered to be practices common to a majority of health care facilities. Teaching programs should include such tasks.

5. 75%+: the preceding rationale applies to this classification. Additionally, however, the high commonality of performance adds to the consideration of priority in the development of instructional materials.

D. Task List Exclusions and Additions

Of the 169 tasks listed on the survey, only one was not performed by any of the personnel working on the unit. This task related to the utilization of computer systems for research data analysis. The group of 22 tasks which fell below the 25 percent performance level by either the clerical or managerial occupational groups is excluded from the development of a national curriculum. These tasks were, however, performed by Nursing Directors and Hospital Administrators.

Since none of the questionnaires contained any additions, the assumption was made that the original task inventory was complete.

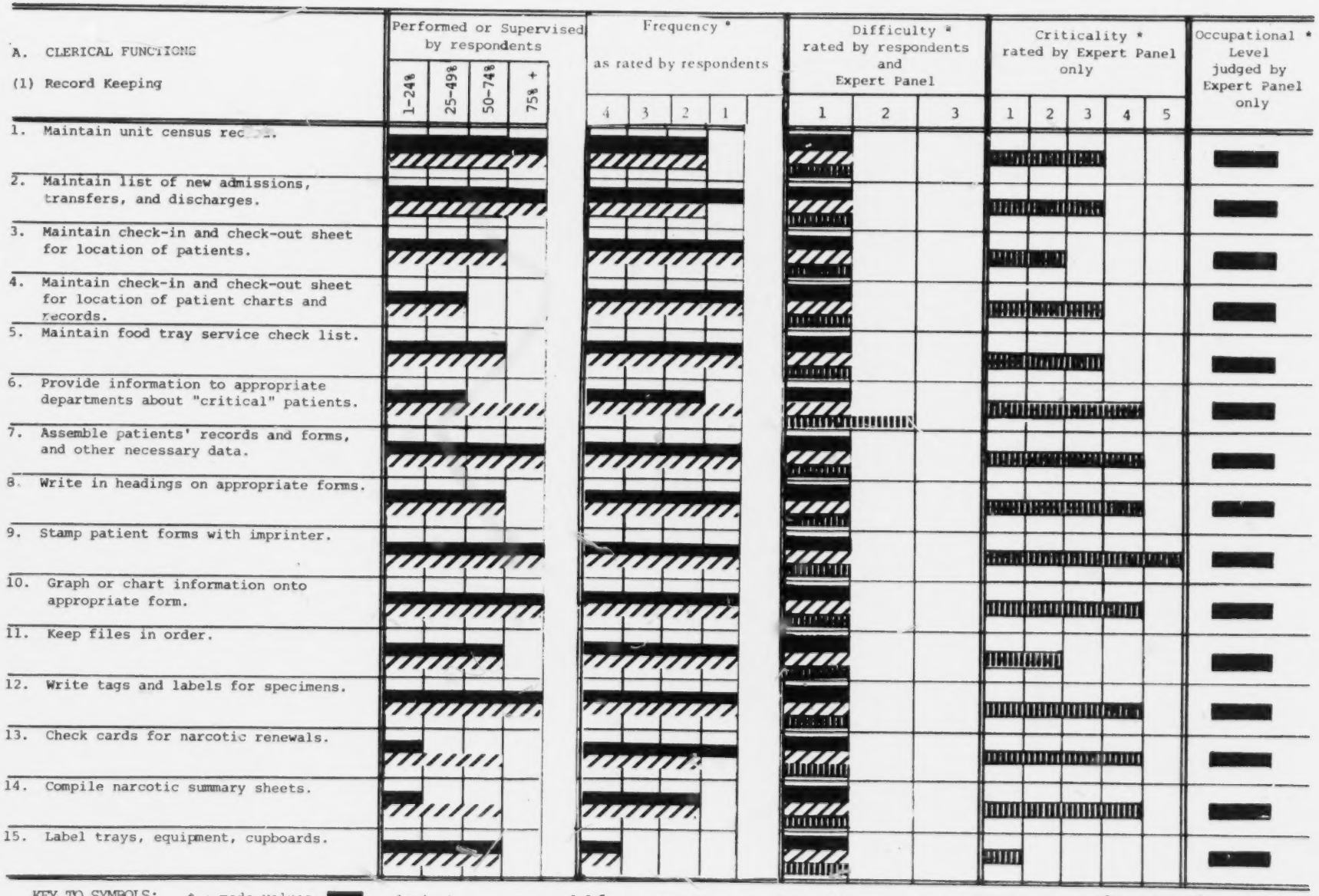
E. Distribution of Tasks by Occupational Category

The total list of tasks was examined to identify the common tasks performed by managers and clerks. There were 98 common tasks in this list. The examination also identified tasks performed uniquely by each group. It appeared that the clerk did not perform any task which was not also done by the manager. The manager performed 49 tasks not done by the clerk.

IV RESULTS

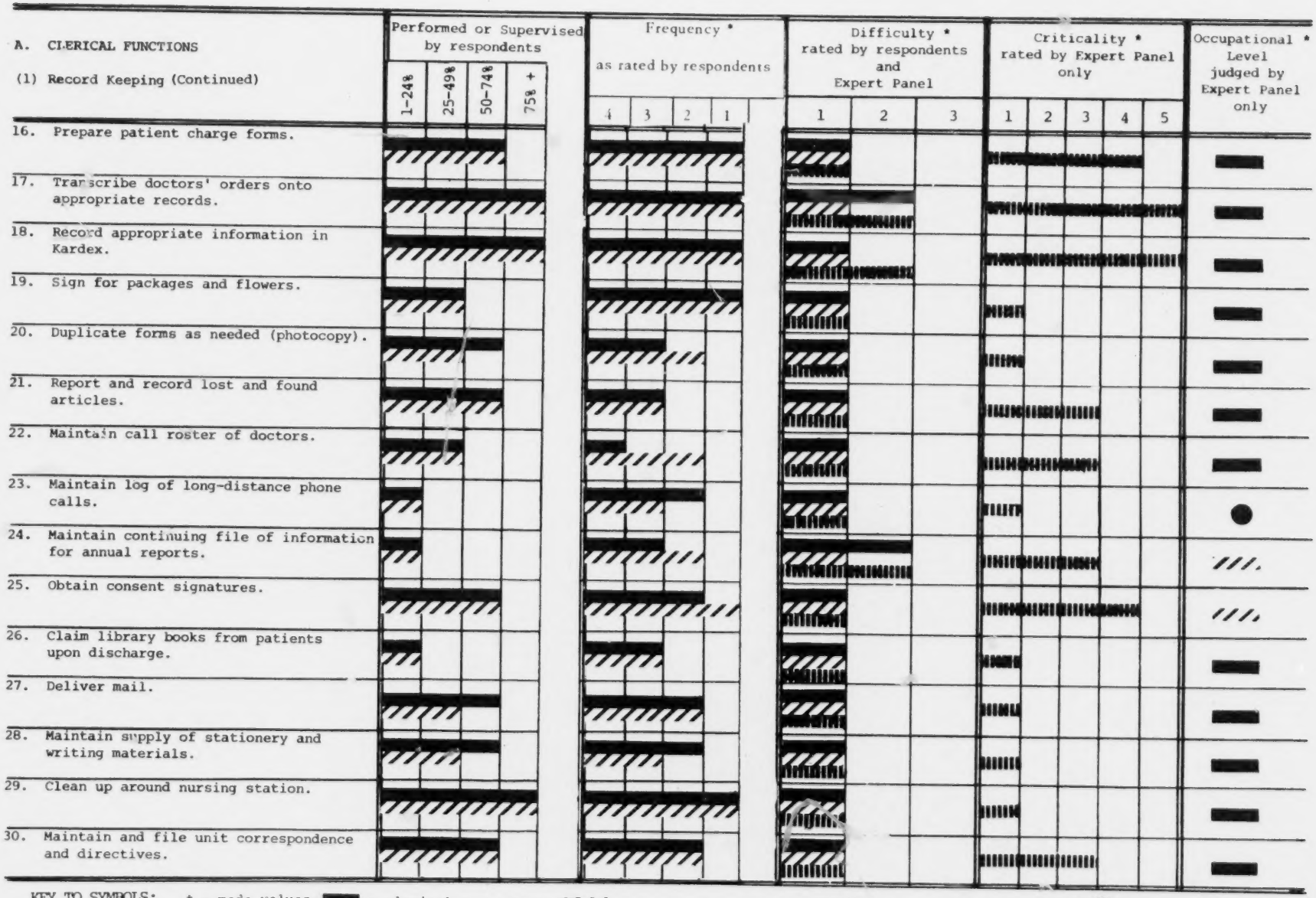
The questionnaire was divided into two section: Clerical Functions and Administrative Functions. In each section there were several sub-headings. Each sub-heading with appropriate tasks was tabulated and recorded into the following charts by Performance, Frequency, and Difficulty as reported by Survey Respondents and Difficulty, Criticality, and Occupational Level rated by the Expert Panel.

FIGURE A-(1) CLERICAL FUNCTIONS -- RECORD KEEPING


A. CLERICAL FUNCTIONS
(1) Record Keeping
Performed or Supervised by respondents
1-24%
25-49%
50-74%
75% +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel only
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
5
Occupational * Level judged by Expert Panel only
1. Maintain unit census rec[illegible].
2. Maintain list of new admissions, transfers, and discharges.
3. Maintain check-in and check-out sheet for location of patients.
4. Maintain check-in and check-out sheet for location of patient charts and records.
5. Maintain food tray service check list.
6. Provide information to appropriate departments about "critical" patients.
7. Assemble patients' records and forms, and other necessary data.
8. Write in headings on appropriate forms.
9. Stamp patient forms with imprinter.
10. Graph or chart information onto appropriate form.
11. Keep files in order.
12. Write tags and labels for specimens.
13. Check cards for narcotic renewals.
14. Compile narcotic summary sheets.
15. Label trays, equipment, cupboards.

KEY TO SYMBOLS: * = mode values; ■ = clerical respondents; //// = managerial respondents; ||||||| = response by expert panel; ● = non-unit personnel

FIGURE A-(1) CLERICAL FUNCTIONS -- RECORD KEEPING (Continued)


A. CLERICAL FUNCTIONS
(1) Record Keeping (Continued)
Performed or Supervised by respondents
1-24%
25-49%
50-74%
75% +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
5
Occupational * Level judged by Expert Panel only
16. Prepare patient charge forms.
17. Transcribe doctors' orders onto appropriate records.
18. Record appropriate information in Kardex.
19. Sign for packages and flowers.
20. Duplicate forms as needed (photocopy).
21. Report and record lost and found articles.
22. Maintain call roster of doctors.
23. Maintain log of long-distance phone calls.
24. Maintain continuing file of information for annual reports.
25. Obtain consent signatures.
26. Claim library books from patients upon discharge.
27. Deliver mail.
28. Maintain supply of stationery and writing materials.
29. Clean up around nursing station.
30. Maintain and file unit correspondence and directives.

KEY TO SYMBOLS: * = mode values; ▬ = clerical respondents; //// = managerial respondents; ▮▮▮▮▮▮▮ = response by expert panel; ● = non-unit personnel

A-(1) Clerical Functions -- Record Keeping

Description of Function

The 30 tasks comprising this functional area are related to the maintenance and production of records for patient care and details of administrative practices.

Performance

Of all the tasks in the group, Task 13 (check for narcotic renewals) and Task 14 (compile narcotic summary sheet) were the two tasks reported as performed by managerial but not clerical personnel.*

Task 23 (maintain log of long distance phone calls), Task 24 (maintain continuing file of information for annual reports) and Task 26 (claim library books from patients upon discharge) fell below the 25 percent level for both groups of respondents performing.

The remaining 25 tasks in Function A-(1) were performed by both managerial and clerical personnel.

Frequency

With the exception of Task 15 (label trays, equipment, cupboards) and Task 22 (maintain call roster of doctors), all tasks were rated as being done more than once a week by the clerical group. With the single exception of Task 22, the managers reported tasks being done more frequently than once a week.

Difficulty

Most of the tasks in this function were rated at Level 1, "easy." None was rated above Level 2, "moderate," by any of the survey participants.

The Expert Panel rated Task 6 (provide information to appropriate departments about "critical" patients), Task 17 (transcribe doctor's orders into appropriate records), and Task 18 (record appropriate information in Kardex), at Level 2 but rated all the others at Level 1, "easy." The clerical group concurred with experts' rating for Task 17 and 24 but regarded the other tasks in this function as "easy." The managerial group rated all tasks in the function as "easy."

*Non-performance is hereafter defined as performance reported by less than 25 percent of respondents in each category. For explanation, see Page 17.

Criticality

The Expert Panel rated Task 9 (stamp patient forms with imprinter), Task 17, (transcribe doctors' orders onto appropriate records), and Task 18 (record appropriate information in Kardex), at Level 5 in criticality. Of the nine tasks rated at Level 4, eight were concerned with the obtaining and accurate recording of information, and the one other at this level was Task 6 (provide information to appropriate departments about "critical" patients). Only 10 of this group of 30 tasks were rated below Level 2.

Occupational Level Judged by Expert Panel

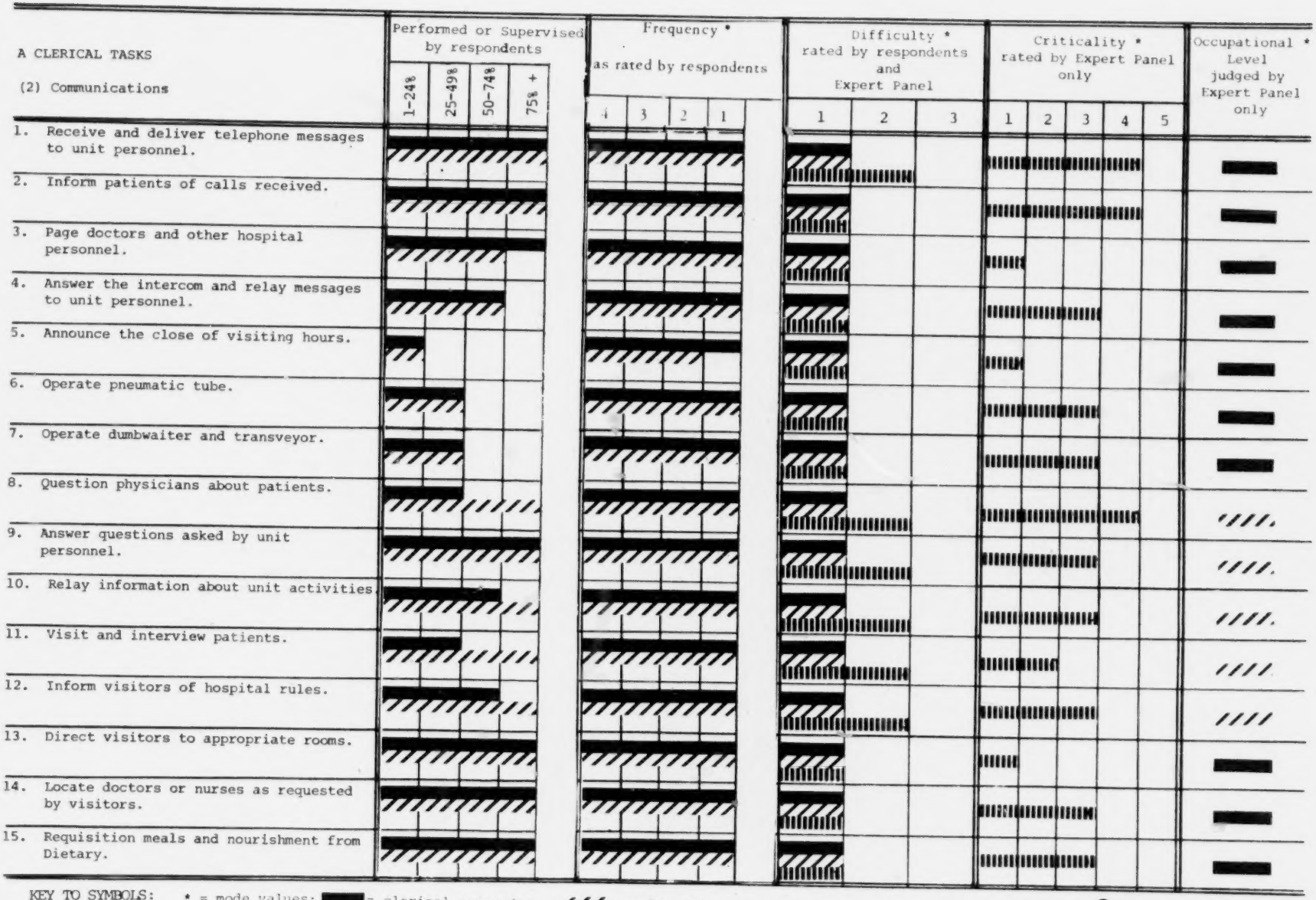
Two tasks, Task 24 (maintain continuing file of information for annual reports) and Task 25 (obtain consent signatures) were judged to be managerial; all others were designated as belonging to the clerical level.

General Remarks

Forty percent of the tasks from the total inventory judged by the Expert Panel to be performed by the clerical occupational level were found in Function A-(1) Clerical Functions -- Record Keeping.

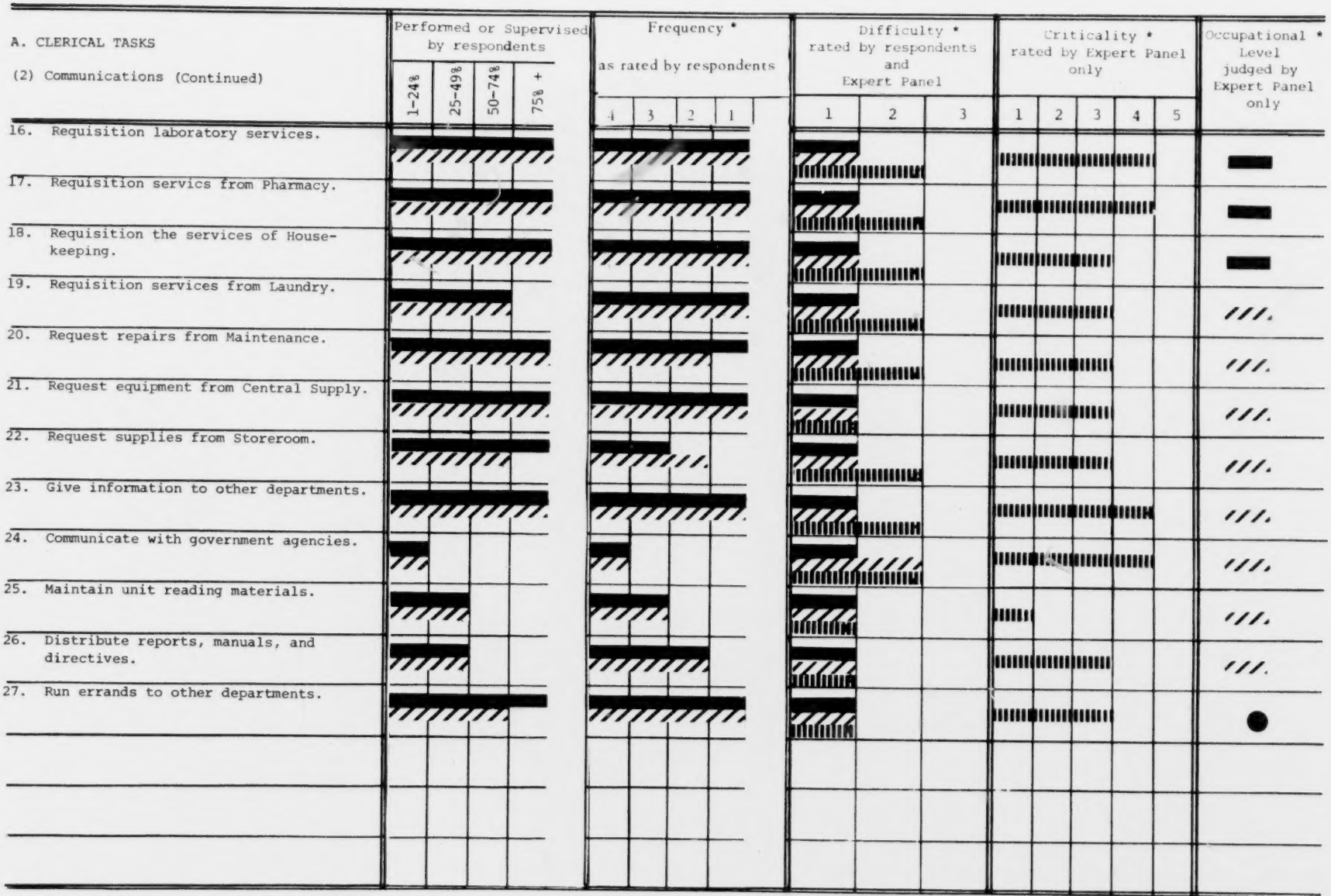
The high criticality rating of Function A-(1) by the Expert Panel stressed the necessity for requiring high levels of acceptable student performance in the design of the instructional material.

FIGURE A-(2) CLERICAL FUNCTIONS -- COMMUNICATIONS


A CLERICAL TASKS
(2) Communications
Performed or Supervised by respondents
1-24%
25-49%
50-74%
75% +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
5
Occupational * Level judged by Expert Panel only
1. Receive and deliver telephone messages to unit personnel.
2. Inform patients of calls received.
3. Page doctors and other hospital personnel.
4. Answer the intercom and relay messages to unit personnel.
5. Announce the close of visiting hours.
6. Operate pneumatic tube.
7. Operate dumbwaiter and transveyor.
8. Question physicians about patients.
9. Answer questions asked by unit personnel.
10. Relay information about unit activities
11. Visit and interview patients.
12. Inform visitors of hospital rules.
13. Direct visitors to appropriate rooms.
14. Locate doctors or nurses as requested by visitors.
15. Requisition meals and nourishment from Dietary.

KEY TO SYMBOLS: * = mode values; ■ = clerical respondents; //// = managerial respondents; ▮▮▮▮ = response by expert panel; ● = non-unit personnel

FIGURE A-(2) CLERICAL FUNCTIONS -- COMMUNICATIONS (Continued)



KEY TO SYMBOLS: * = mode values; ▬ = clerical respondents; //// = managerial respondents; ▮▮▮▮▮▮▮▮ response by expert panel; ● = non-unit personnel

A-(2) Clerical Functions -- Communications

Description of Function

The 27 tasks in this functional area include inter-unit and intra-unit communication for the patient, services, and visitors.

Performance

Task 5 (announce the close of visiting hours) and Task 24 (communicate with government agencies) were the only two tasks performed by neither clerks nor managers. Most of the other tasks (13 in number) were performed by more than 75 percent of the clerical and managerial respondents.

Frequency

Tasks 1 through 18 were performed at equally high frequency by managers and clerks.

With the exception of Task 24 (communicate with government agencies), all other tasks in this function were performed more frequently than once a month, most of them being done several times a day.

Difficulty

Clerks rated all the tasks in this function at Level 1, "easy." Managers concurred with the clerical group except for Task 24 (communicate with government agencies) which they rated at Level 2, "moderate." The Expert Panel was at variance with the unit personnel for 13 tasks which were rated by the experts as "moderately difficult."

Criticality

Tasks 1, 2, 8, 16, 17, 23, and 24, having to do with delivery of messages, obtaining information from patients, requisitioning certain supplies, and giving information, were rated more critical than the other tasks. Tasks 3, 5, 13, and 25, dealing with paging doctors, announcing closing hours, directing visitors and maintaining reading materials, emerged as the least critical.

Occupational Level Judged by Expert Panel

According to the experts, Task 27 (run errands to other departments) should be performed by neither clerks nor managers but by a specially designated messenger service.

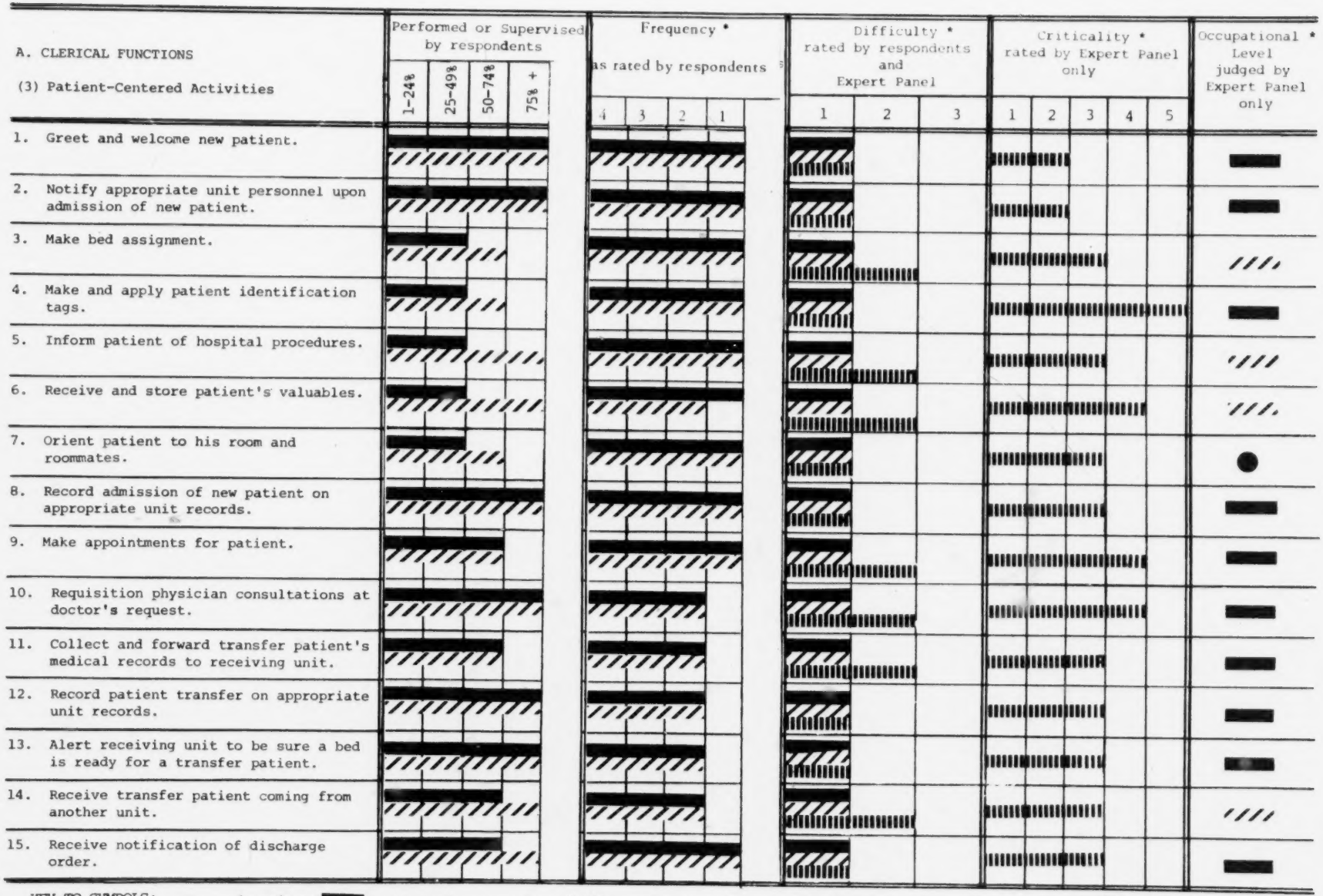
Of the remaining 26 tasks, 13 were to be performed by clerks and the other 13 by the managers.

General Remarks

Although the Expert Panel recommended distinct personnel levels for performance, in actual practice the two groups reported that they performed the tasks, and did so with equal frequency. The assignment of task responsibilities to distinct personnel levels may become more noticeable as this pattern of hospital organization becomes more prevalent.

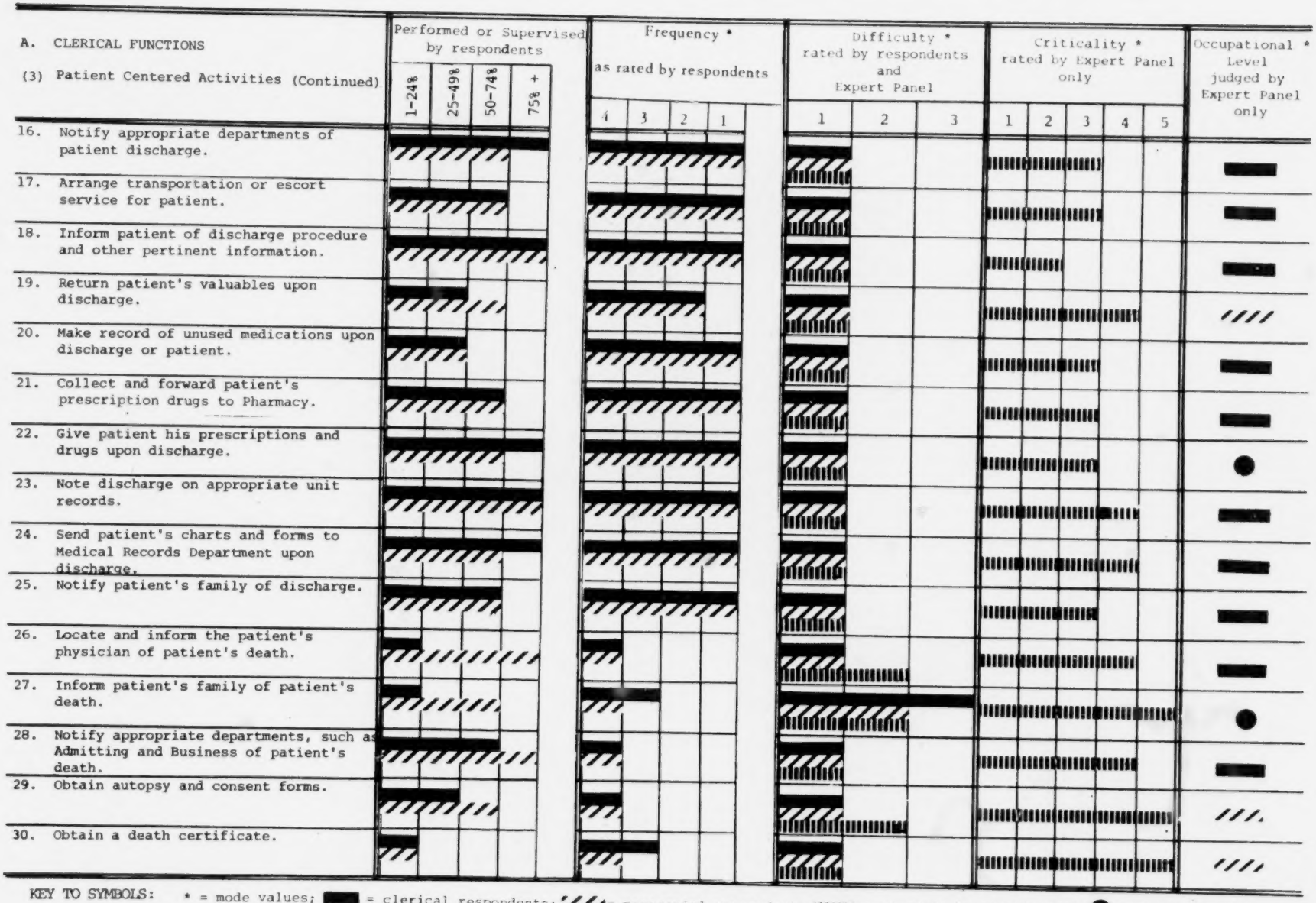
The preparation of educational materials for this function should cover the mechanics of communication, such as operating pneumatic tube, transveyor, and telephone, requesting services from other hospital departments, and relaying information. Certain of these could involve judgmental considerations.

FIGURE A-(3) CLERICAL FUNCTIONS -- PATIENT CENTERED ACTIVITIES


A. CLERICAL FUNCTIONS
(3) Patient-Centered Activities
Performed or Supervised by respondents
1-24%
25-49%
50-74%
75% +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
5
Occupational * Level judged by Expert Panel only
1. Greet and welcome new patient.
2. Notify appropriate unit personnel upon admission of new patient.
3. Make bed assignment.
4. Make and apply patient identification tags.
5. Inform patient of hospital procedures.
6. Receive and store patient's valuables.
7. Orient patient to his room and roommates.
8. Record admission of new patient on appropriate unit records.
9. Make appointments for patient.
10. Requisition physician consultations at doctor's request.
11. Collect and forward transfer patient's medical records to receiving unit.
12. Record patient transfer on appropriate unit records.
13. Alert receiving unit to be sure a bed is ready for a transfer patient.
14. Receive transfer patient coming from another unit.
15. Receive notification of discharge order.

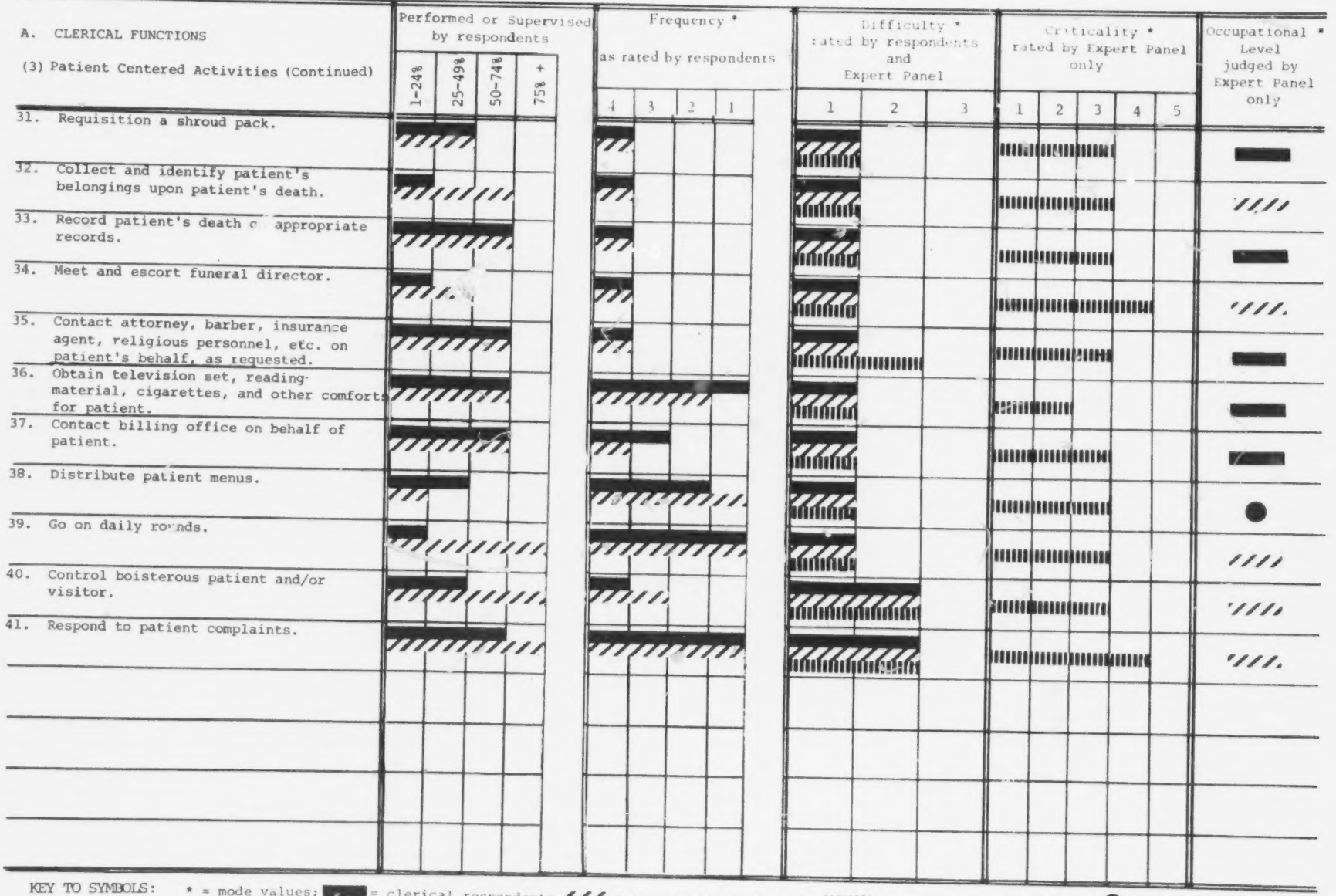
KEY TO SYMBOLS: * = mode values; ■ = clerical respondents; //// = managerial respondents; ▮▮▮▮ = response by expert panel; ● = non-unit personnel

FIGURE A-(3) CLERICAL FUNCTIONS -- PATIENT CENTERED ACTIVITIES (Continued)


A. CLERICAL FUNCTIONS
(3) Patient Centered Activities (Continued)
Performed or Supervised by respondents
1-248
25-498
50-748
758 +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
5
Occupational * Level judged by Expert Panel only
16. Notify appropriate departments of patient discharge.
17. Arrange transportation or escort service for patient.
18. Inform patient of discharge procedure and other pertinent information.
19. Return patient's valuables upon discharge.
20. Make record of unused medications upon discharge or patient.
21. Collect and forward patient's prescription drugs to Pharmacy.
22. Give patient his prescriptions and drugs upon discharge.
23. Note discharge on appropriate unit records.
24. Send patient's charts and forms to Medical Records Department upon discharge.
25. Notify patient's family of discharge.
26. Locate and inform the patient's physician of patient's death.
27. Inform patient's family of patient's death.
28. Notify appropriate departments, such as Admitting and Business of patient's death.
29. Obtain autopsy and consent forms.
30. Obtain a death certificate.

KEY TO SYMBOLS: * = mode values; ▬ = clerical respondents; ▨ = managerial respondents; ▥ = response by expert panel; ● = non-unit personnel

FIGURE A-(3) CLERICAL FUNCTIONS -- PATIENT CENTERED ACTIVITIES (Continued)


A. CLERICAL FUNCTIONS
(3) Patient Centered Activities (Continued)
Performed or Supervised by respondents
1-24%
25-49%
50-74%
75% +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
5
Occupational * Level judged by Expert Panel only
31. Requisition a shroud pack.
32. Collect and identify patient's belongings upon patient's death.
33. Record patient's death on appropriate records.
34. Meet and escort funeral director.
35. Contact attorney, barber, insurance agent, religious personnel, etc. on patient's behalf, as requested.
36. Obtain television set, reading material, cigarettes, and other comforts for patient.
37. Contact billing office on behalf of patient.
38. Distribute patient menus.
39. Go on daily rounds.
40. Control boisterous patient and/or visitor.
41. Respond to patient complaints.

KEY TO SYMBOLS: * = mode values; ▬ = clerical respondents; /// = managerial respondents; ▮▮▮▮ = response by expert panel; ● = non-unit personnel

A-(3) Clerical Functions -- Patient-Centered Activities

Description of Area

The 41 tasks in this function are all related to patient-centered activities from time of admission to the unit until time of discharge. They involve the non-clinical tasks that pertain to the patient's comfort, safety, and care.

Performance

Task 30 (obtain death certificate) was not performed by clerks or managers. Task 26 (inform patient's family of patient's death), Task 32 (meet and escort funeral director), and Task 39 (go on daily rounds) were performed by managerial personnel but not by clerks. All of the remaining 35 tasks were performed by clerks and managers. A higher percentage of clerks than managers performed Task 16 (notify appropriate department of patient discharge), Task 22 (give patient his prescriptions and drugs upon discharge), Task 24 (send patient's charts and forms to Medical Records Department upon discharge), and Task 38 (distribute patient menus).

Frequency

Death-related activities were least frequently performed--less frequently than once a month. Task 37 (contact billing office on behalf of patient), was performed at Level 2 by the clerical group but at Level 1 by the managerial group. Task 40 (control boisterous patient and/or visitor) was performed at Level 2 by the managerial group but at Level 1 by the clerical group. All other tasks were performed at Levels 3 or 4.

Difficulty

Clerks and managers gave identical ratings for all but Task 27 (inform patient's family of patient's death). This one was rated moderately difficult by the managerial group and difficult by the clerical group. Two other tasks were rated "moderate" and the remaining 38 tasks were rated "easy" by both groups. The Expert Panel rated ten tasks at a higher level of difficulty than did the survey respondents.

Occupational Level Judged by Expert Panel

Task 7 (orient patient to his room and roommates), Task 22 (give patient his prescriptions and drugs upon discharge), and Task 27 (inform patient's family of patient's death), were designated by the Expert Panel as nursing functions. The experts also recommended that Task 27 be most appropriately performed by the patient's doctor. Task 38 (distribute patient menus) was suggested as most appropriately belonging to the dietary department.

Twelve tasks were judged as managerial tasks whereas the 25 remaining tasks were considered as clerical.

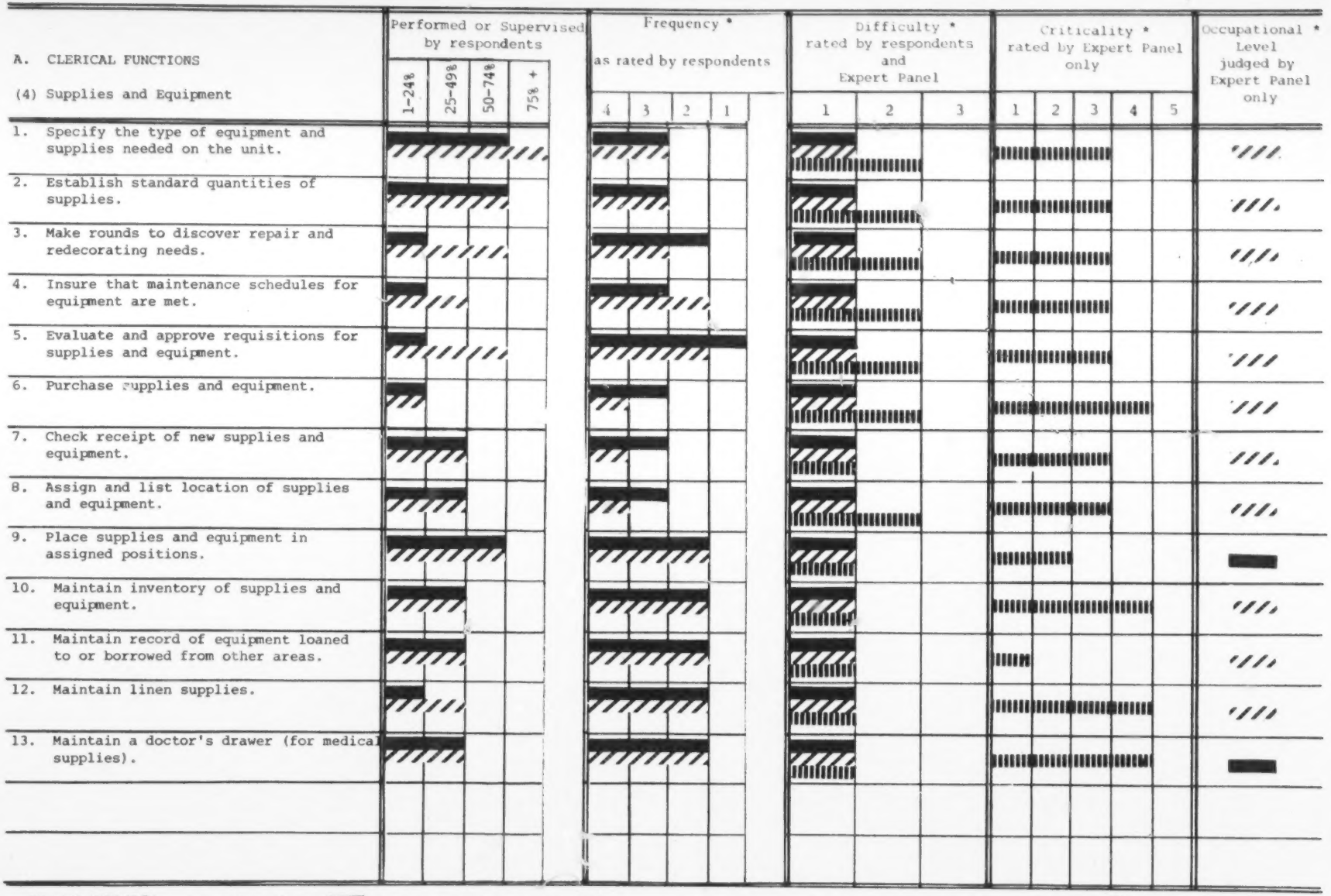
Where the experts recommended that tasks be performed at a managerial level, the percentage of the managerial group performing the task was in each case higher than that of the clerical group. This was reported for 12 tasks. Task 4 (make and apply patient identification tags), Task 15 (receive notification of discharge order), Task 26 (locate and inform patient's physician of patient's death), and Task 28 (notify appropriate departments such as admitting and business office of patient's death) were tasks judged by the Expert Panel as those which should be performed by the unit clerk, whereas the report showed a higher percentage of managerial personnel performing them.

General Remarks

The general headings which include all the tasks in this function are: Direct Patient Contact, Handling Patient Records and Belongings, and Activities Related to Death of Patient.

Of the 41 tasks listed under the function of patient-centered activities, only two were designated as most appropriately being handled by the nurse. All other tasks were designated by the Expert Panel as managerial or clerical duties. Nursing training, then, would not seem prerequisite for performing them.

FIGURE A-(4) CLERICAL FUNCTIONS -- SUPPLIES AND EQUIPMENT


A. CLERICAL FUNCTIONS
(4) Supplies and Equipment
Performed or Supervised by respondents
1-24%
25-49%
50-74%
75% +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
5
Occupational * Level judged by Expert Panel only
1. Specify the type of equipment and supplies needed on the unit.
2. Establish standard quantities of supplies.
3. Make rounds to discover repair and redecorating needs.
4. Insure that maintenance schedules for equipment are met.
5. Evaluate and approve requisitions for supplies and equipment.
6. Purchase supplies and equipment.
7. Check receipt of new supplies and equipment.
8. Assign and list location of supplies and equipment.
9. Place supplies and equipment in assigned positions.
10. Maintain inventory of supplies and equipment.
11. Maintain record of equipment loaned to or borrowed from other areas.
12. Maintain linen supplies.
13. Maintain a doctor's drawer (for medical supplies).

KEY TO SYMBOLS: * = mode values; ■ = clerical respondents; /// = managerial respondents; ||||| = response by expert panel; ● = non-unit personnel

A-(4) Clerical Functions -- Supplies and Equipment

Description of Area

The 13 tasks listed in this function consist of control and supply of material needs for the unit. They include such activities as distribution and maintenance of supplies and equipment.

Performance

Unit personnel did not perform Task 6 (purchase supplies and equipment). Managers but not clerks performed Task 3 (make rounds to discover repair and redecorating needs), Task 4 (insure that maintenance schedules for equipment are met), Task 5 (evaluate and approve requisitions for supplies and equipment), and Task 12 (maintain linen supplies). Both managers and clerks performed all the remaining tasks in this function.

Frequency

Task 5 (evaluate and approve requisitions for supplies and equipment) was the most frequently performed task in this function. It is done by the clerical group.

Difficulty

All the tasks in this function were rated as easy by clerks and managers alike; the experts concurred with them on six tasks and rated the remaining seven tasks at a higher level of difficulty.

Criticality

Experts rated the purchase and inventory of supplies, including linen and medical supplies, as more critical than other tasks in this function. Task 11 (maintain record of equipment loaned to or borrowed from other areas) was rated as the least critical.

Occupational Level Judged by Expert Panel

Most tasks in this function were judged to be managerial tasks. Only two tasks in the list, Task 9 (place supplies and equipment in assigned positions), and Task 13 (maintain a doctor's drawer for medical supplies), were designated as clerical tasks.

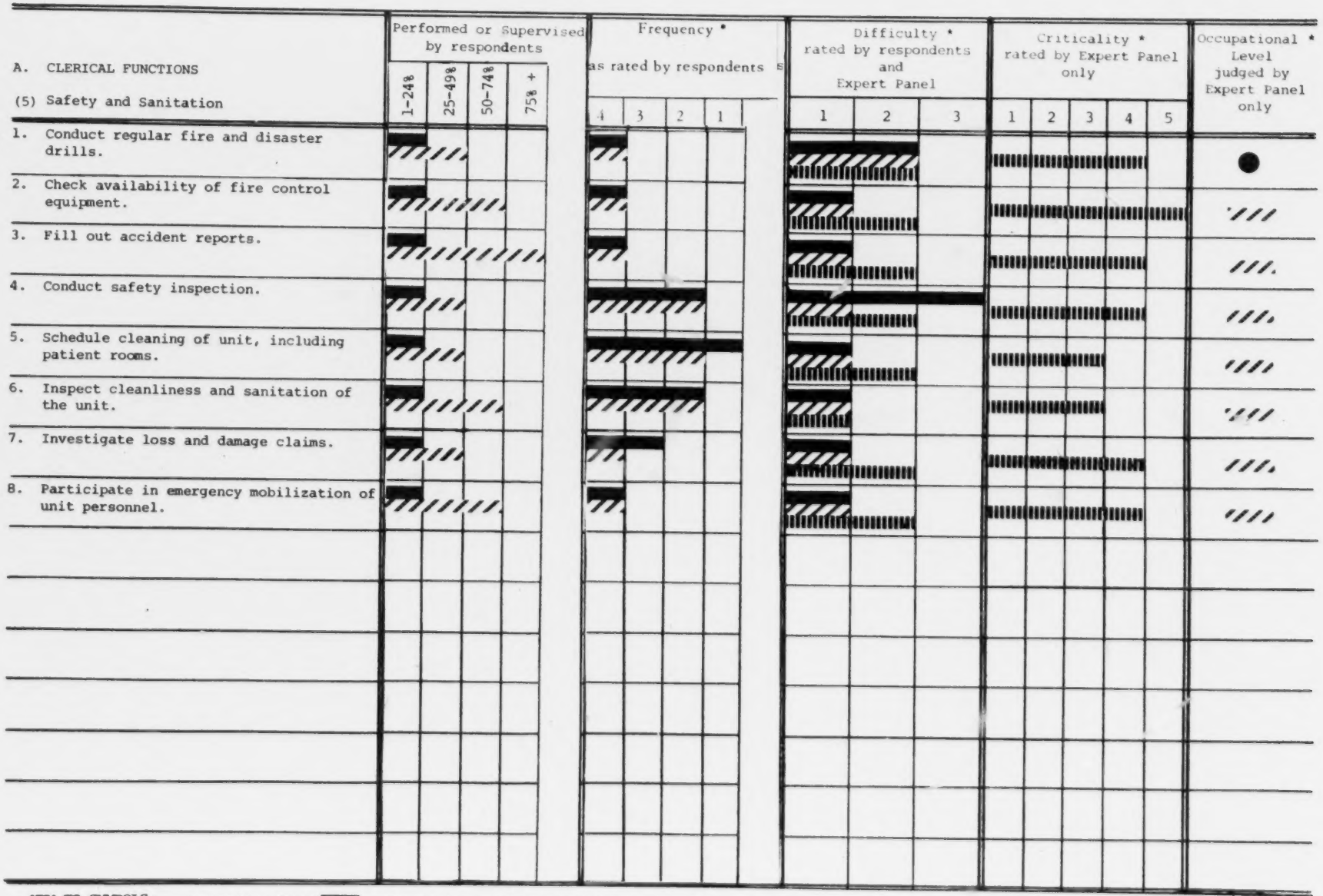
The occupational level performing four tasks conformed with the expert recommendation.

General Remarks

Function A-(4) covers the determination of back-up supplies and equipment needed on the unit and the flow of these materials in order to provide patient care. It is essentially a managerial function involving a high degree of judgment; the clerical group participates by implementing the decisions.

This organizational experience on the unit might be considered as providing the manager with a background for further advancement into the higher administrative functions of the hospital.

FIGURE A-(5) CLERICAL FUNCTIONS -- SAFETY AND SANITATION



KEY TO SYMBOLS: * = mode values; ■ = clerical respondents; /// = managerial respondents, ||||| = response by expert panel; ● = non-unit personnel

A-(5) Clerical Functions -- Safety and Sanitation

Description of Area

The eight tasks in this function deal with the safety and sanitation aspects of patient care. They include scheduling the cleaning of the unit and the checking of safety equipment as well as periodic drills for conduct in emergency situations.

Performance

Managerial personnel reported performing all the safety and sanitation tasks. None were performed by clerical personnel. Task 3 (fill out accident reports) was the task in this function most frequently performed by managerial respondents.

Frequency

Task 5 (scheduling the cleaning of units) emerged as the most frequently performed task. Task 4 (conduct safety inspection) and Task 6 (inspect cleanliness and sanitation of the unit) were the other frequently-performed tasks in this function.

Difficulty

Clerks rated Task 4 (conduct safety inspection) as the most difficult task. Both clerks and managers indicated that all but Task 1 (conduct regular fire and disaster drills) were easy. Experts rated Task 6 (inspect cleanliness and sanitation of the unit) as easy and all other tasks as moderate in difficulty.

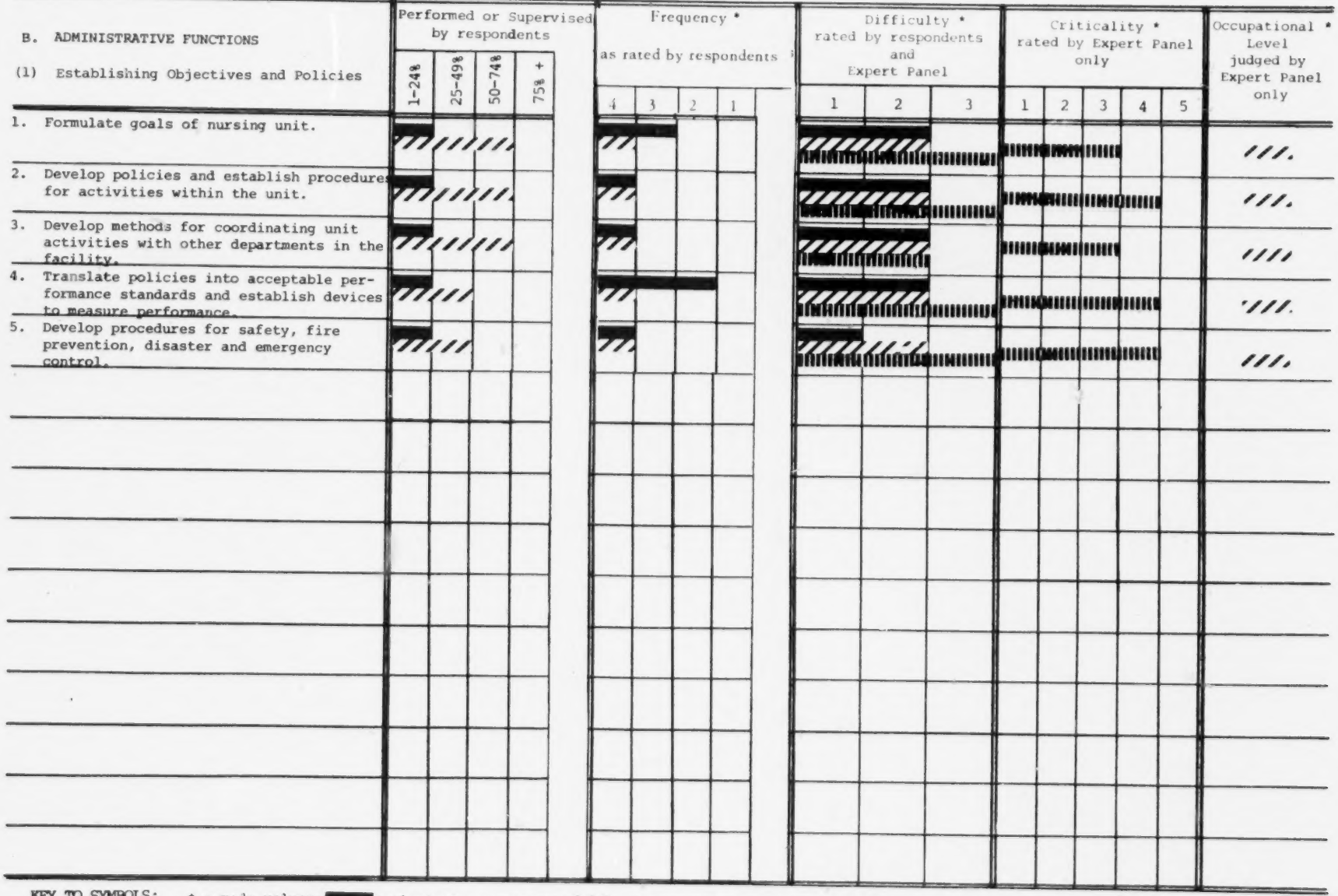
Criticality

Experts assigned all but one task to managerial personnel. Task 1 (conduct regular fire and disaster drills), which is currently performed by managers, was considered a task to be done by a person outside the unit. They recommended the administrator as the individual who should make this determination.

General Remarks

In developing curriculum for Function A-(5), it would appear that instruction regarding fundamental policies pertaining to legal implications and sanitation requirements would be beneficial preparation for the work experience. Since no two health care facilities are identical, however, many of the details of implementing the programs are best provided by in-house preparation for procedures, development of check lists, etc.

FIGURE B-(1) ADMINISTRATIVE FUNCTIONS -- ESTABLISHING OBJECTIVES AND POLICIES


B. ADMINISTRATIVE FUNCTIONS
(1) Establishing Objectives and Policies
Performed or Supervised by respondents
1-24%
25-49%
50-74%
75% +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
5
Occupational * Level judged by Expert Panel only
1. Formulate goals of nursing unit.
2. Develop policies and establish procedures for activities within the unit.
3. Develop methods for coordinating unit activities with other departments in the facility.
4. Translate policies into acceptable performance standards and establish devices to measure performance.
5. Develop procedures for safety, fire prevention, disaster and emergency control.

KEY TO SYMBOLS: * = mode values; ■ = clerical respondents; /// = managerial respondents; ||||| = response by expert panel; ● = non-unit personnel

B-(1) Administrative Functions -- Establish Objectives and Policies

Description of Area

The five tasks in Function B-(1) are probably the most fundamental of all functions since they establish directives for the entire unit. They are developed from the broader policies of the health facility.

Performance

All of the tasks which deal with establishment of objectives and policies were performed by managerial personnel. Clerks were involved in none of these tasks.

Frequency

Several clerks reported performing Task 1 (formulate goals of nursing unit) and Task 4 (translate policies into acceptable performance standards and establish devices to measure performance) with greater frequency than managers. All managers reported identical frequency.

Difficulty

Managers rated all tasks as moderately difficult. Experts rated all but Task 3 (develop methods for coordinating unit activities with other departments in the facility) as the most difficult.

Criticality

Two tasks, relating to formulation of goals of the nursing unit and the development of methods for coordinating with other units, were at Level 3 in criticality. The remaining three tasks in this function were at Level 4.

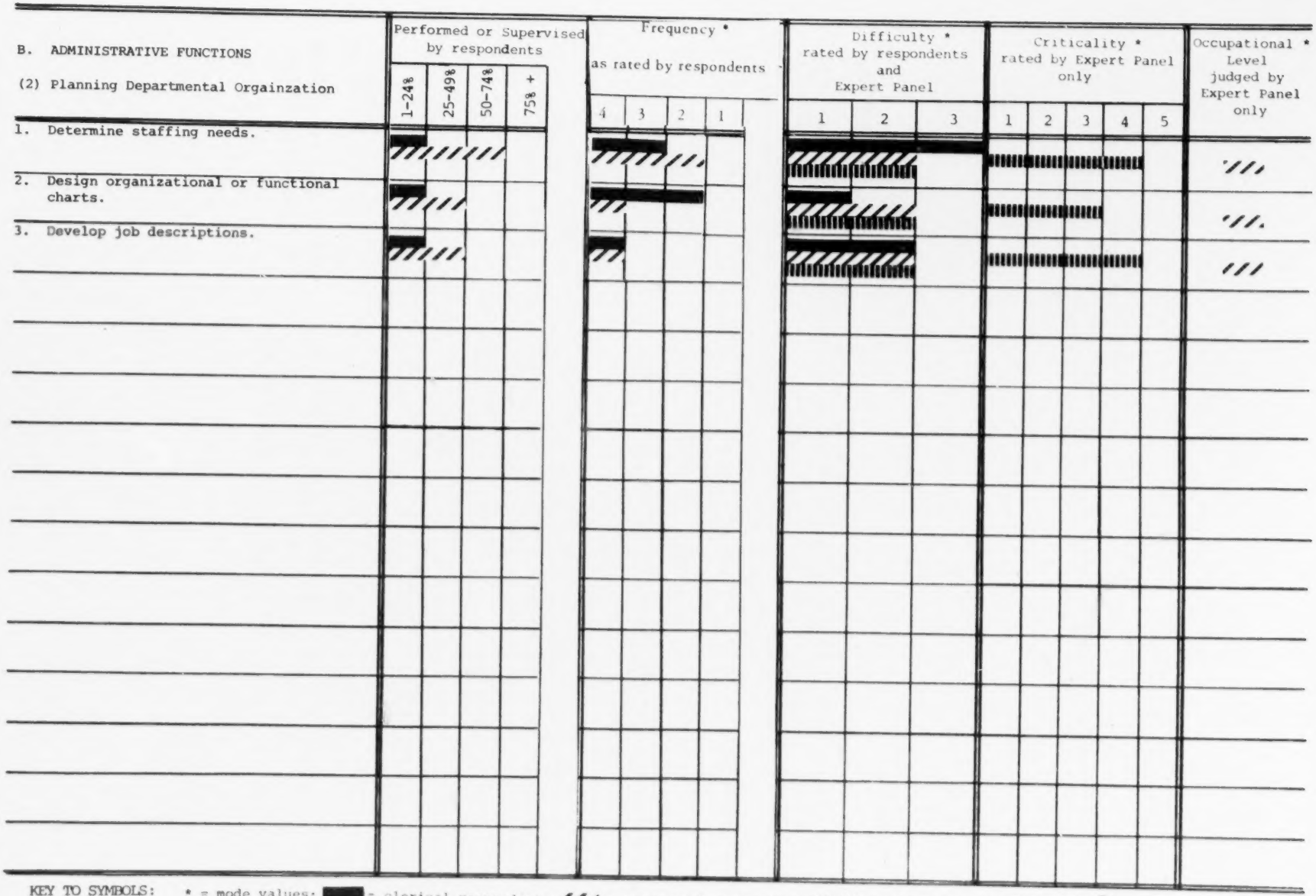
Occupational Level Judged by Expert Panel

Expert recommendation that only managers perform this task was in conformity with actual practice.

General Remarks

Instructional material for the training of the managerial group should include the development of detailed procedures from the general policies of the hospital to their application on the unit.

FIGURE B-(2) ADMINISTRATIVE FUNCTIONS -- PLANNING DEPARTMENTAL ORGANIZATION



KEY TO SYMBOLS: * = mode values; ■ = clerical respondents; /// = managerial respondents; ▮▮▮▮▮▮▮ = response by expert panel; ● = non-unit personnel

B-(2) Administrative Functions -- Plan Departmental Organization

Description of Area

The three tasks in Function B-(2) are concerned with manpower needs and the determination of the levels of skill required to operate a unit.

Performance

All tasks concerned with planning of departmental organization were performed by managerial personnel. Clerks were involved in none of these tasks.

Difficulty

Experts and managers alike rated all the tasks as moderately difficult.

Criticality

The experts rated designing of organizational charts as less critical than the tasks of staff determination and the development of job descriptions.

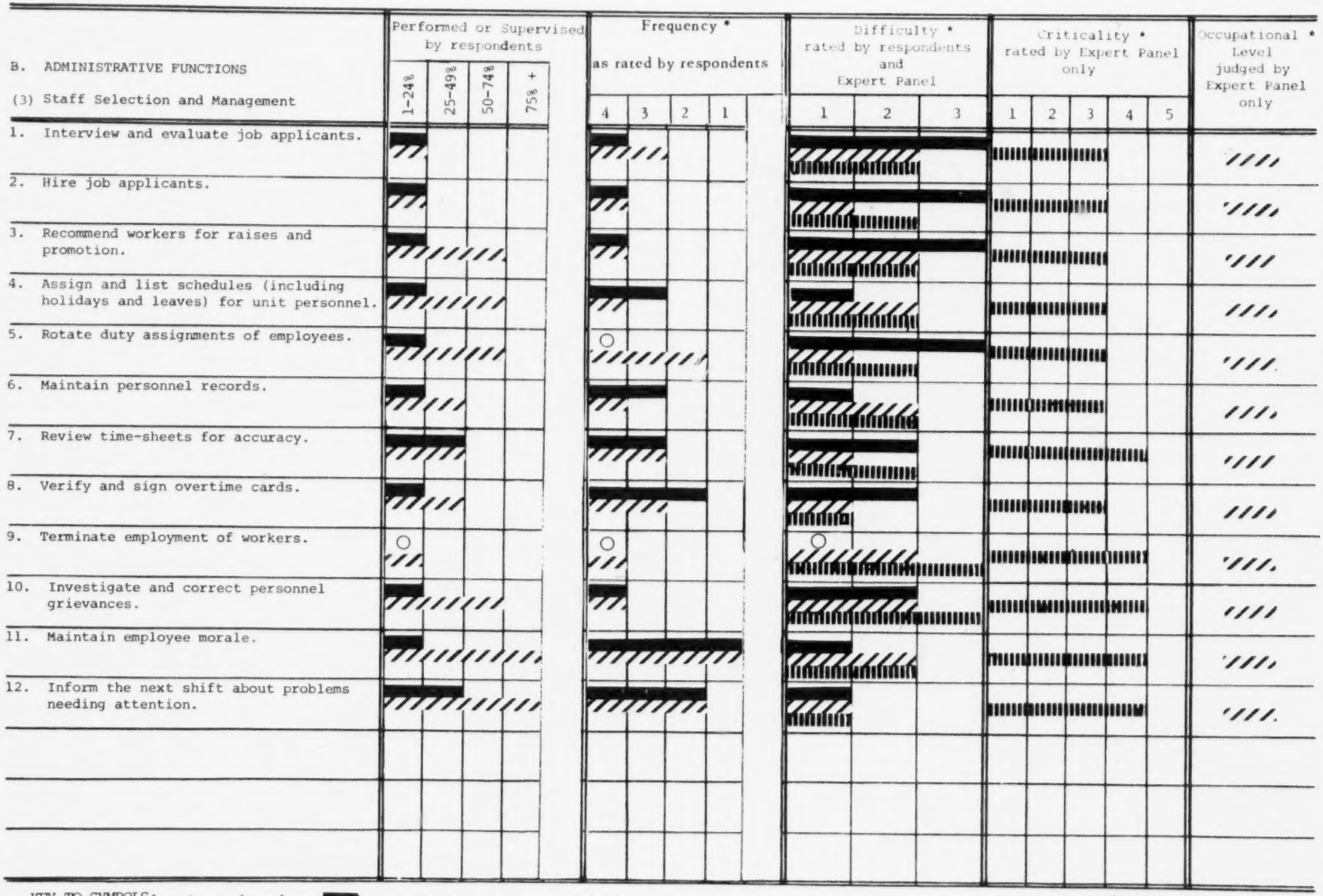
Occupational Level Judged by Expert Panel

Experts recommended that managers perform all three tasks.

General Remarks

The few tasks enumerated in this function reflect the role of the total hospital administration in determining the general pattern of organization. The three tasks listed are specific for the unit. The curriculum developed for this function should focus on the details which make this the province of unit management.

FIGURE B-(3) ADMINISTRATIVE FUNCTIONS -- STAFF SELECTION AND MANAGEMENT



KEY TO SYMBOLS: * = mode values; ■ = clerical respondents; /// = managerial respondents; ||||| = response by expert panel; ● = non-unit personnel

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B-(3) Administrative Functions -- Staff Selection and Management

Description of Area

This function consists of 12 tasks important in the daily management of unit personnel and the recruitment of new employees.

Performance

Less than 25 percent of both levels of unit personnel reported performing Task 1 (interview and evaluate job applicants), Task 2 (hire job applicants), and Task 9 (terminate employment of workers).

Both levels of unit personnel performed Task 7 (review time-sheets for accuracy) and Task 12 (inform next shift about problems needing attention).

Only managerial personnel performed Task 3 (recommend workers for raises and promotion), Task 4 (assign and list schedules including holiday and leaves for unit personnel), Task 5 (rotate duty assignments of employees), Task 6 (maintain personnel records), Task 8 (verify and sign overtime cards), Task 10 (investigate and correct personnel grievances), and Task 11 (maintain employee morale).

Frequency

Managers reported that Task 5 (rotate duty assignment of employees), Task 11 (maintain employee morale), and Task 12 (inform the next shift about problems needing attention), were performed more frequently than the other tasks.

Difficulty

The only two tasks performed by the clerical group at the significant level of 25 percent or greater were Task 7 (review time sheets for accuracy) and Task 12 (inform the next shift about problems needing attention). The first was rated moderately difficult and the second, easy. Ratings by the clerical group for the other tasks in the function were ignored as they fell below the 25 percent performance rate.

In all tasks, the same or greater difficulty rating was given by the experts as by the managerial group.

Criticality

No task in this function was rated lower than Level 3.

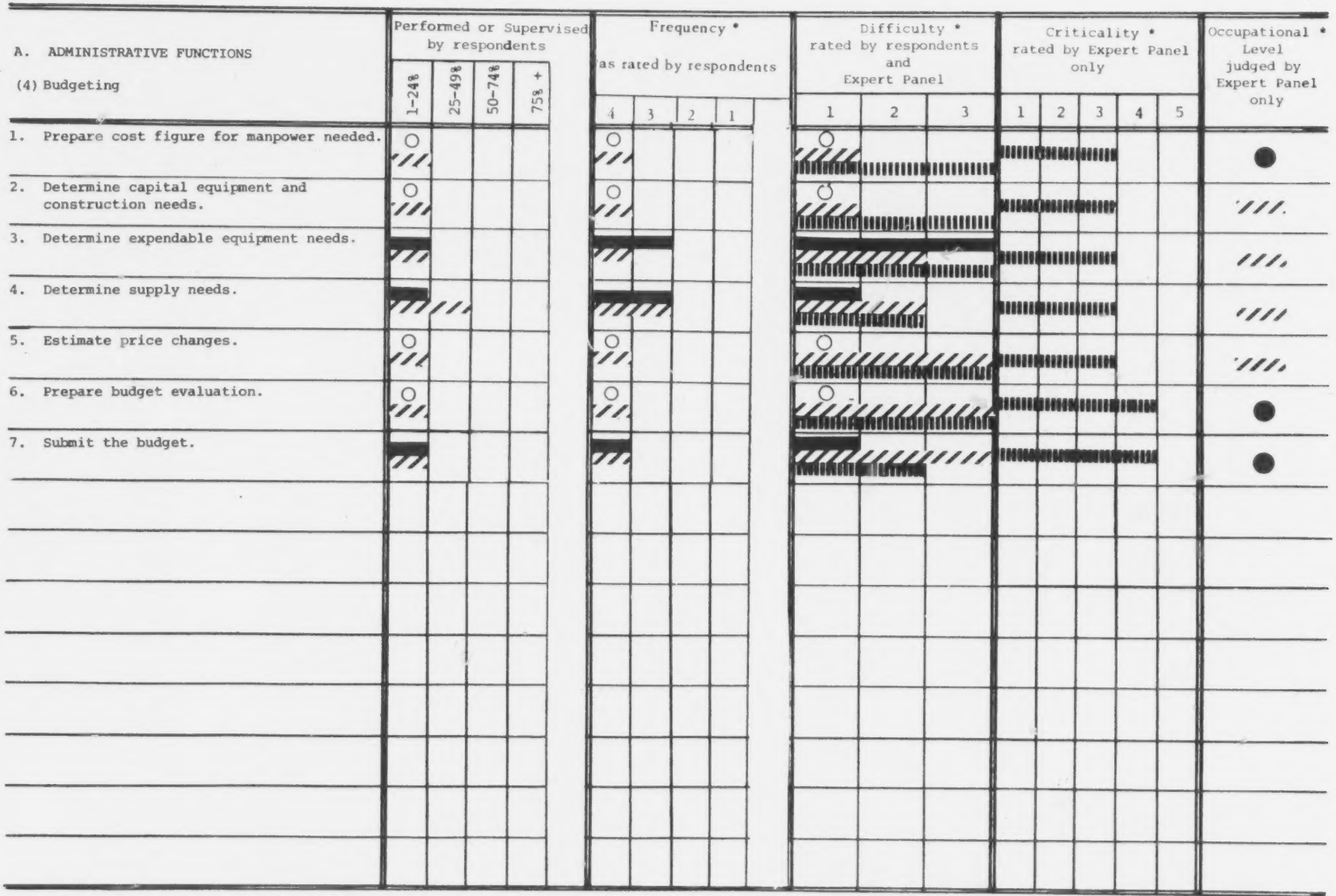
Occupational Level Judged by Expert Panel

Experts recommended managerial occupational level for all tasks in the function; this was borne out in practice.

General Remarks

The respondents' answers in this function seemed to indicate that certain tasks were being performed elsewhere in the hospital, possibly in the personnel department. The majority of the tasks, however, deal with day-to-day activities in the unit and provide the mechanism for documenting accountability of unit personnel.

FIGURE B-(4) ADMINISTRATIVE FUNCTIONS -- BUDGETING



KEY TO SYMBOLS: * = mode values; ▬ = clerical respondents; /// = managerial respondents; ▮▮▮▮▮▮▮ = response by expert panel; ● = non-unit personnel

B-(4) Administrative Functions -- Budgeting

Description of Area

The tasks in this function provide information and recommendations to help forecast the future manpower and material needs of the unit.

Performance

Only Task 4 (determine supply needs) was performed by the managers. No other tasks in this function were performed by either level of unit personnel.

Difficulty

No special attention was given to the difficulty ratings because the managers performed only one task and rated it as being moderately difficult.

Criticality

Experts considered Task 6 (prepare budget evaluation) and Task 7 (submit the budget) more critical than the other tasks. No task in the area was rated below Level 3 in criticality.

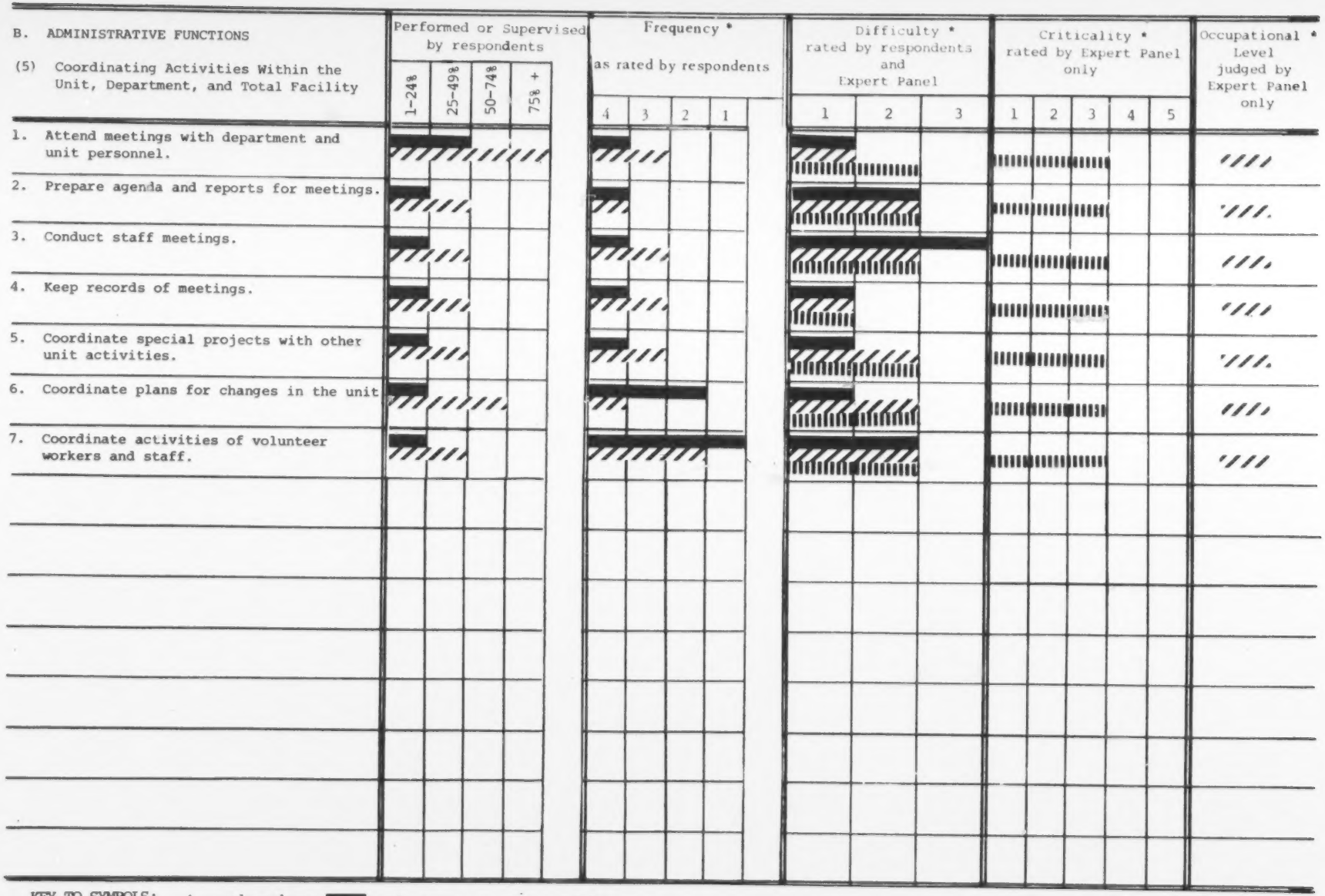
Occupational Level Judged by Expert Panel

Experts suggested that Task 1 (prepare cost figure for manpower needed), Task 6 (prepare budget evaluation), and Task 7 (submit the budget) should be performed at a higher level of administration than the nursing unit.

General Remarks

The curricula to cover the knowledge required for this function should deal with the ability to handle the problems of budgeting for the unit as related to manpower utilization and material.

FIGURE B-(5) ADMINISTRATIVE FUNCTIONS -- COORDINATING ACTIVITIES WITHIN THE UNIT, DEPARTMENT, AND TOTAL FACILITY


B. ADMINISTRATIVE FUNCTIONS
(5) Coordinating Activities Within the Unit, Department, and Total Facility
Performed or Supervised by respondents
1-24%
25-49%
50-74%
75% +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
5
Occupational * Level judged by Expert Panel only
1. Attend meetings with department and unit personnel.
2. Prepare agenda and reports for meetings.
3. Conduct staff meetings.
4. Keep records of meetings.
5. Coordinate special projects with other unit activities.
6. Coordinate plans for changes in the unit
7. Coordinate activities of volunteer workers and staff.
KEY TO SYMBOLS: * = mode values; = clerical respondents; = managerial respondents; = response by expert panel; = non-unit personnel

B-(5) Administrative Functions -- Coordinate Activities Within the Unit, Department, and Total Facility

Description of Area

The seven tasks in this function are primarily concerned with the exchange and dissemination of information to all appropriate personnel in order to maintain and improve the functioning of the unit.

Performance

Only Task 1 (attend meetings with department and unit personnel) was performed by both groups. The remaining tasks were performed by the managerial group.

Frequency

Task 7 (coordinate activities of volunteer workers and staff) was the task most frequently performed.

Difficulty

Except for Task 1 (attend meetings with department and unit personnel), experts and managers agreed on the difficulty level for the tasks in this function. Task 1 was rated higher by the Expert Panel.

Criticality

All tasks were rated by experts at Level 3 in criticality.

Occupational Level Judged by Expert Panel

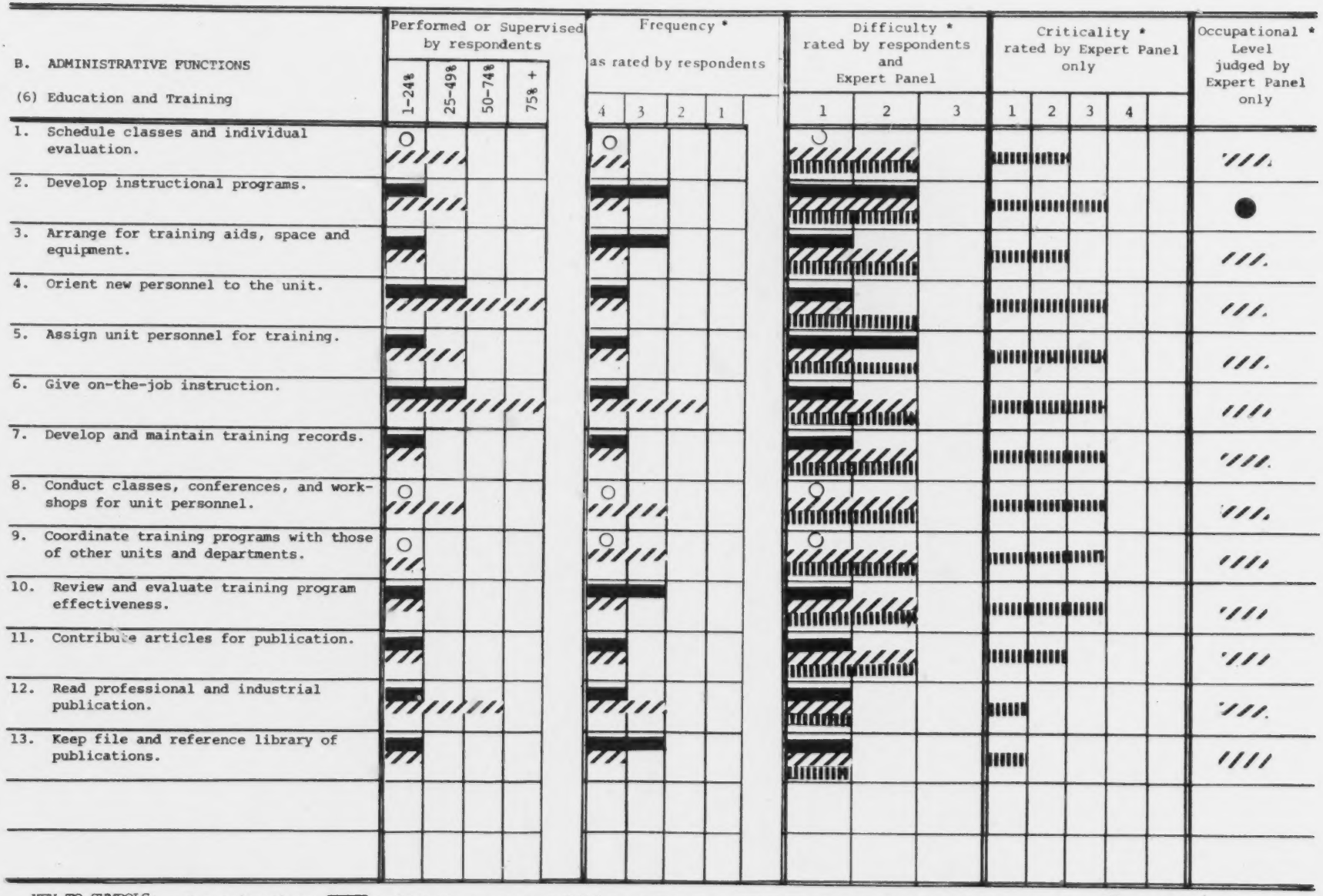
Experts recommended that all the tasks be performed by managers.

General Remarks

The increasing sophistication of medical care in the hospital setting involves greater emphasis on division of labor and specialization of personnel. The organization of staff members into an efficient health team is dependent upon well-informed personnel and clearly defined directives. The manager emerges as the person whose primary function would be that of coordinator, a function reflected in the panel recommendation.

The materials designed to cover this subject area in a curriculum might include role playing, problem solving, and other such techniques which utilize specific examples derived from typical hospital unit activities.

FIGURE B-(6) ADMINISTRATIVE FUNCTIONS -- EDUCATION AND TRAINING


B. ADMINISTRATIVE FUNCTIONS
(6) Education and Training
Performed or Supervised by respondents
1-24%
25-49%
50-74%
75% +
Frequency * as rated by respondents
4
3
2
1
Difficulty * rated by respondents and Expert Panel
1
2
3
Criticality * rated by Expert Panel only
1
2
3
4
Occupational * Level judged by Expert Panel only
1. Schedule classes and individual evaluation.
2. Develop instructional programs.
3. Arrange for training aids, space and equipment.
4. Orient new personnel to the unit.
5. Assign unit personnel for training.
6. Give on-the-job instruction.
7. Develop and maintain training records.
8. Conduct classes, conferences, and workshops for unit personnel.
9. Coordinate training programs with those of other units and departments.
10. Review and evaluate training program effectiveness.
11. Contribute articles for publication.
12. Read professional and industrial publication.
13. Keep file and reference library of publications.

KEY TO SYMBOLS: * = mode values; ▬ = clerical respondents; /// = managerial respondents; ▮▮▮ = response by expert panel; ● = non-unit personnel

B-(6) Administrative Functions -- Education and Training

Description of Area

The 12 tasks enumerated in Function B-(6) cover in-service training and personnel development. The constant upgrading of techniques and knowledge in medical care makes this an ongoing and continuous process.

Performance

Task 4 (orient new personnel to the unit) and Task 6 (give on-the-job instruction) were performed by both groups. Five of the remaining tasks in this function were performed only by managerial personnel: Task 1 (schedule classes and individual evaluation), Task 2 (develop instructional programs), Task 5 (assign unit personnel for training),Task 8 (conduct classes, conferences, and workshops for unit personnel), and Task 12 (read professional and industrial publications).

Frequency

Task 6 (give on-the-job instruction) was the most frequently performed managerial task.

Difficulty

Experts viewed all but Task 12 (read professional and industrial publications) and Task 13 (keep file and reference library of publications) as moderately difficult. Managers agreed on nine tasks and considered as easy two other tasks they perform: Task 4 (orient new personnel to the unit) and Task 5 (assign unit personnel for training).

Criticality

Task 12 (read professional and industrial publications) and Task 13 (keep file and reference library of publications) were lowest in criticality.

Occupational Level Judged by Expert Panel

Experts suggested that Task 2 (develop instructional programs) be performed by the Director of Nursing or the Administrator of the hospital.

General Remarks

Education and training of unit personnel was the function judged by the Expert Panel to be most appropriately handled by the managerial group. It should include entry-level training for new personnel and innovative methods for upgrading the functioning of the unit. A unit manager curriculum should include methods and techniques for implementing the programs.

FIGURE B-(7) ADMINISTRATIVE FUNCTIONS -- RESEARCH

B. ADMINISTRATIVE FUNCTIONS (7) Research	Performed or Supervised by respondents				Frequency * as rated by respondents				Difficulty * rated by respondents and Expert Panel			Criticality * rated by Expert Panel only					Occupational * Level judged by Expert Panel only
	1-24%	25-49%	50-74%	75% +	4	3	2	1	1	2	3	1	2	3	4	5	
1. Test new equipment and procedures.	■	///			■				■	■		▮	▮	▮			///
2. Utilize computer systems for research data analysis.	○					○			○			▮	▮	▮			●
3. Survey market for new supplies and equipment.	■	///			■				■	■		▮	▮	▮			///

KEY TO SYMBOLS: * = mode values; ■ = clerical respondents; /// = managerial respondents; ▮ = response by expert panel; ● = non-unit personnel

B-(7) Administrative Functions -- Research

Description of Area

The function consists of three tasks. It reflects the need for constant improvement in the delivery of health care. Testing, trying, and searching are methods to attain the objective.

Performance

Task 1 (test new equipment and procedures), performed by the managerial personnel, was the only task performed by either group.

Frequency

The frequency of performance was rated at Level 4, done once a month or less.

Difficulty

All tasks were rated for difficulty by the Expert Panel at Level 2 -- "moderate."

Criticality

The Expert Panel judged all tasks in this function to be at Level 3 (reparable; errors in performance could result in minor delays).

Occupational Level Judged by Expert Panel

Task 2 (utilize computer systems for research data analysis) was considered a task not appropriately performed by any unit managerial personnel. The Chief Officer, Director, or Administrator would more logically be involved with the task.

General Remarks

This function received the lowest response rating of any section of the survey. It might have been considered unrelated to immediate problems of patient care. Possibly the title, "Research," appeared formidable to the respondents. However, would not the filling out of such a questionnaire as used in this study be considered participation in research?

Other Findings Related to Tasks Performed by Administrators and Nursing Directors:

Twenty-two tasks (see Table 5, page 54) of the total Unit Management Task List were exclusively performed by Administrators and Nursing Directors.

Seventeen of these tasks were designated by the Expert Panel as appropriate to the Unit Manager level.

The panel recommended that Task A 26 (claim library books from patients upon discharge) be performed by clerks.

Task A 23 (maintain log of long-distance phone calls) was judged best performed by a receptionist/phone operator.

From the total task inventory, the Expert Panel designated six tasks for the exclusive performance of Administrators and Nursing Directors. Three of these tasks were in fact being performed exclusively by the Administrators. Three tasks from the total inventory were recommended for assignment to the top administrative level:

I-E-1 Conduct regular fire and disaster drills.
II-F-2 Develop instructional programs.
II-G-2 Utilize computer systems for research data analysis.

Table 5

Tasks Currently Performed Exclusively by Directors of Nursing and Administrators

A. Clerical

(1) Record Keeping

23 - Maintain log of long distance phone calls.
24 - Maintain continuing file of information for annual reports.
26 - Claim library books from patients upon discharge.

(2) Communications

24 - Communicate with government agencies.

(3) Patient-Centered Activities

30 - Obtain a death certificate.

(4) Supplies and Equipment

6 - Purchase supplies and equipment.

B. Administrative Functions

(3) Staff Selection and Management

1 - Interview and evaluate job applicants.
2 - Hire job applicants.
9 - Terminate employment of workers.

(4) Budgeting

1 - Prepare cost figure for manpower needed.
2 - Determine capital equipment and construction needs.
3 - Determine expendable equipment needs.
5 - Estimate price changes.
6 - Prepare budget evaluation.
7 - Submit the budget.

(6) Education and Training

3 - Arrange for training aids, space, and equipment.
7 - Develop and maintain training records.
9 - Coordinate training programs with those of other units and departments.
10 - Review and evaluate training program effectiveness.
11 - Contribute articles for publication.
13 - Keep file and reference library of publications.

(7) Research

3 - Survey market for new supplies and equipment.

C. Distribution of Tasks by Occupational Title:

The total list was examined in order to identify the tasks performed by both levels of Unit Administration personnel and to determine those performed exclusively by clerical or managerial personnel.

Since no tasks were performed exclusively by the clerical group, the education for a unit clerk starts at the same level as that required for the training and education of the unit manager.

The two blocks shown below illustrate the pattern by which the tasks were grouped. Block I contains those tasks performed by both levels of personnel. Block II consists of those tasks performed exclusively by the managerial group.

Tasks in each blook were studied, rearranged, and grouped by broad subject headings. Several areas of content emerged. Content of each block of tasks and its implications are described in Appendix 7 and 8.

Both categories of Unit Administration personnel are involved in performing the activities in Block I which include such clerical activities as unit communications, record keeping, and the maintenance of supplies and equipment. The high rate of performance and frequency of performance of these activities demand that every course dealing with preparation for work in Unit Administration should include training for proficiency in these tasks.

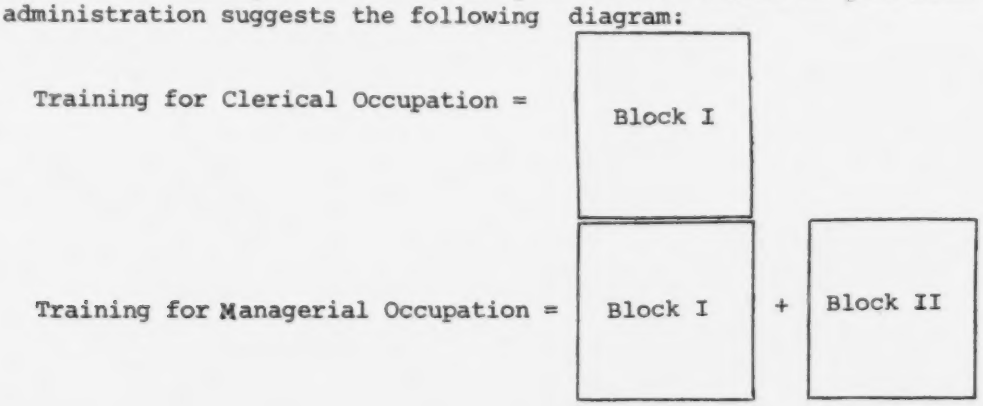
Sixty-six percent of the clerical personnel entering the occupation reported having had no hospital-related experience. Consequently, it can be assumed that the hospital must carry the burden of in-service training.

It appears that a series of self-instructional modules for the training of new employees in skills from Block I would be desirable and useful.

Block II represents tasks performed exclusively by managers.

The tasks pertain to such areas as policy formulation, departmental organization and coordination, personnel practices, education, and training. Training for these subject areas forms a continuation of unit management curriculum beyond that for a unit clerk.

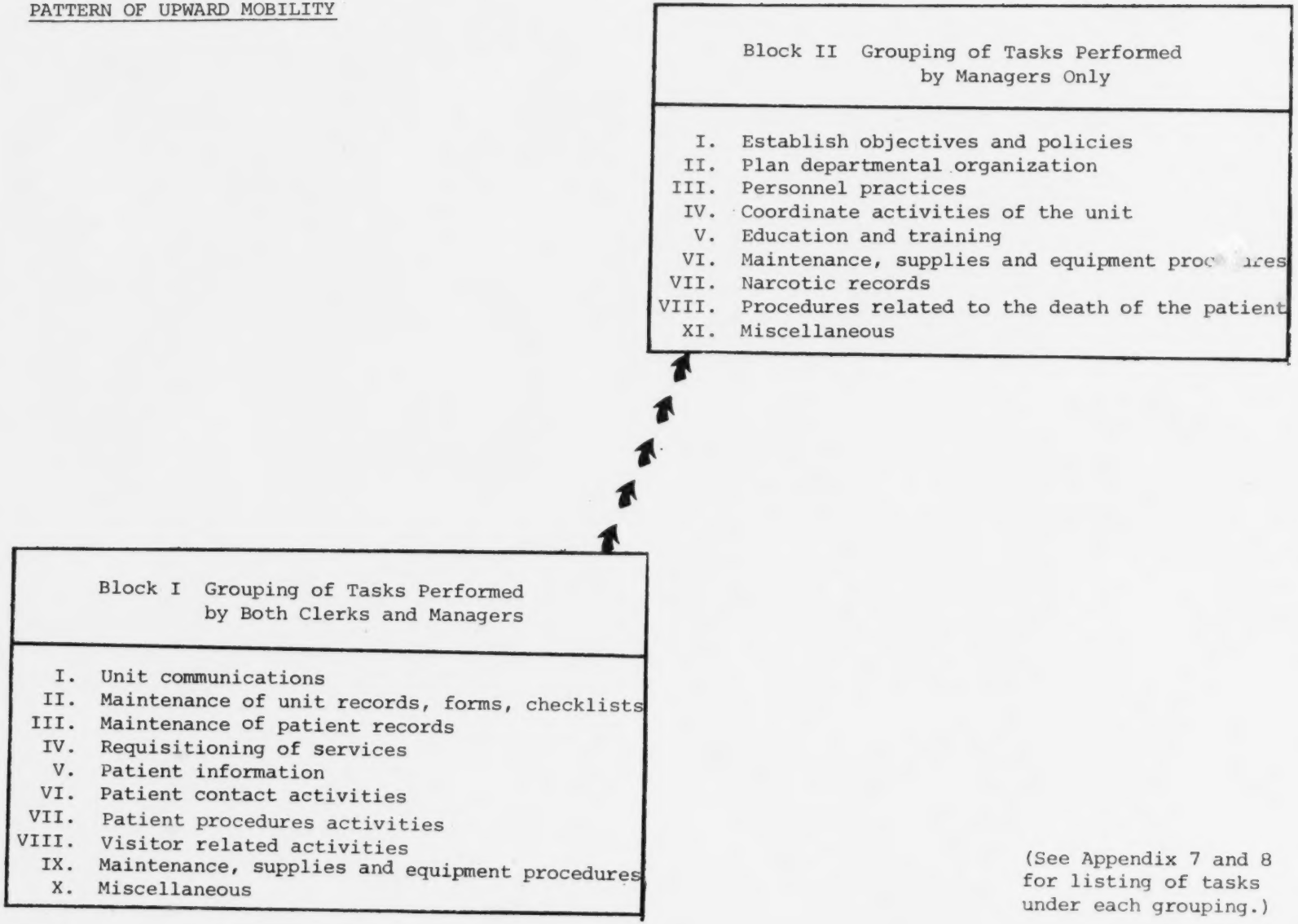
The curriculum concept for the training of various levels of personnel in ward administration suggests the following diagram:



The following Pattern of Upward Mobility illustrates the tasks for which clerical personnel must be trained in order to qualify for the unit manager position.

Figure C

PATTERN OF UPWARD MOBILITY


Block II Grouping of Tasks Performed by Managers Only
I. Establish objectives and policies
II. Plan departmental organization
III. Personnel practices
IV. Coordinate activities of the unit
V. Education and training
VI. Maintenance, supplies and equipment proc ures
VII. Narcotic records
VIII. Procedures related to the death of the patient
XI. Miscellaneous
Block I Grouping of Tasks Performed by Both Clerks and Managers
I. Unit communications
II. Maintenance of unit records, forms, checklists
III. Maintenance of patient records
IV. Requisitioning of services
V. Patient information
VI. Patient contact activities
VII. Patient procedures activities
VIII. Visitor related activities
IX. Maintenance, supplies and equipment procedures
X. Miscellaneous

(See Appendix 7 and 8 for listing of tasks under each grouping.)

V. CONCLUSIONS

Nursing Unit Administration was defined in terms of non-clinical tasks performed on the unit.

A survey of current Unit Administration practices in a group of health facilities made possible the differentiation of tasks performed by various occupational categories. The survey response clearly showed a division into two occupational groups regardless of position title--clerical or managerial. No tasks were performed exclusively by the clerical group. Both groups were performing 98 tasks cutting across all functions. The managerial group uniquely and exclusively performed an additional 47 tasks. Analysis of the current practice in performance of tasks and clustering these tasks yielded 19 content areas. The first ten content areas constitute the initial curriculum for clerical and managerial personnel. The nine content areas which follow should complete the training for unit managers.

Clerical personnel were performing 27 tasks which the Expert Panel judged to be managerial. In addition, the Expert Panel judged 12 tasks to be outside the responsibility of Unit Management. Three of these are currently performed by Hospital Administrators or Directors of Nursing, concurring with the panel recommendation. Three other tasks were being performed by managers. Three tasks are performed by both groups. Finally, three tasks were performed by neither group, which concurs with the judgment of the Expert Panel that these tasks were not Unit Management functions.

Current practice shows that 63 percent of clerical positions were held by individuals who had no previous hospital work experience. The 78 nurses (of whom 73 were Registered Nurses) who occupied managerial positions reported that they performed a substantial number of tasks considered by expert opinion to be more appropriate for clerical personnel. (The Task Inventory consisted entirely of non-nursing functions and none of the tasks performed required nursing background.)

The Expert Panel generally rated tasks as more difficult than those who performed them perceived them to be. This is a general finding borne out by other surveys in the Allied Health Professions Projects.

Greater criticality was given by the Expert Panel to tasks relating to patient identification, charted information, and public relations than to all other tasks.

Where a formal program in Unit Administration was instituted, the occupation of unit manager, a lower middle management position, seemed to attract male personnel.

APPENDIX 1

ROSTER OF MEMBERS OF EXPERT PANEL PARTICIPATING IN NATIONAL SURVEY

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APPENDIX 2-A

Sample of Survey Questionnaire Submitted to Expert Panel

	Difficulty			Criticality					Occupational Level		
	Easy	Moderate	Difficult	Negligible	Some deviation	Reparable	Very little error	Irreparable	Ward Clerk	Ward Manager	Other
B. ADMINISTRATIVE FUNCTIONS											
(1) Establishing Objectives and Policies											
1. Formulate goals of nursing unit.											
2. Develop policies and establish procedures for activities within the unit.											
3. Develop methods for coordinating unit activities with other departments in the facility.											
4. Translate policies into acceptable performance standards and establish devices to measure performance.											
5. Develop procedures for safety, fire prevention, disaster and emergency control.											
B. Plan Departmental Organization											
1. Determine staffing needs.											
2. Design organizational or functional charts.											
3. Develop job descriptions.											

70 63

APPENDIX 2-B

Sample of Survey Questionnaire Submitted to Respondents

B. ADMINISTRATIVE FUNCTIONS	Check if you perform this task	Check if you supervise the performance of this task	FREQUENCY ☒ How often do you perform this task?				DIFFICULTY ☒ How difficult is this task?		
			Several times a day	Once a day or several times a week	Once a week or several times a month	Once a month or less	Easy	Moderate	Difficult
(1) Establishing Objectives and Policies	☐	☐	1	2	3	4	1	2	3
1. Formulate goals of nursing unit.	☐	☐	1	2	3	4	1	2	3
2. Develop policies and establish procedures for activities within the unit.	☐	☐	1	2	3	4	1	2	3
3. Develop methods for coordinating unit activities with other departments in the facility.	☐	☐	1	2	3	4	1	2	3
4. Translate policies into acceptable performance standards and establish devices to measure performance.	☐	☐	1	2	3	4	1	2	3
5. Develop procedures for safety, fire prevention, disaster and emergency control.	☐	☐	1	2	3	4	1	2	3
	☐	☐	1	2	3	4	1	2	3
	☐	☐	1	2	3	4	1	2	3
	☐	☐	1	2	3	4	1	2	3
	☐	☐	1	2	3	4	1	2	3
B. Plan Departmental Organization	☐	☐	1	2	3	4	1	2	3
1. Determine staffing needs.	☐	☐	1	2	3	4	1	2	3
2. Design organizational or functional charts.	☐	☐	1	2	3	4	1	2	3
3. Develop job descriptions.	☐	☐	1	2	3	4	1	2	3
	☐	☐	1	2	3	4	1	2	3

APPENDIX 3

BACKGROUND INFORMATION SHEET

ID number _____

Please complete this information sheet and return it with the survey form.

THIS IS A CONFIDENTIAL DOCUMENT IDENTIFIED BY NUMBER ONLY.

THIS INFORMATION WILL BE USED FOR RESEARCH PURPOSES ONLY.

1. Your position title _____
2. Department _____
3. Your major area of responsibility _____
4. Years in present position _____
5. Years in occupation _____
6. Previous occupation _____
7. Years in previous occupation _____
8. Age _____
9. Sex (circle) M F
10. Highest school grade completed (circle one)

less than 8	8	9	10	11	12	more than 12

11. Highest academic level completed (circle one)

11.1 Less than high school diploma

11.2 High school diploma or equivalent

11.3 Some college (no degree)

11.4 Associate degree

11.5 Bachelor's degree (major) _____

11.6 Master's degree (major) _____

11.7 Other (specify) _____

12. Technical or other training program(s) completed (circle)

	Months	Area of Subject
12.1 None		
12.2 On-job or apprenticeship	_____	_____
12.3 Military courses	_____	_____
12.4 Manufacturers' course	_____	_____
12.5 Vocational school	_____	_____
12.6 Certificate or diploma program	_____	_____
12.7 Other courses	_____	_____

13. Certificates, licenses or registrations held (specify) _____ _____

14. Are you employed full time in your present postion? (circle) YES NO

15. Present yearly hospital salary (circle one)

15.1 less than $2,000

15.2 $2,000 - 3,999

15.3 $4,000 - 5,999

15.4 $6,000 - 7,999

15.5 $8,000 - 9,999

15.6 $10,000 - $11,999

15.7 $12,000 - 15,000

15.8 more than $15,000

APPENDIX 4-A

SURVEY DIRECTIONS TO SURVEY RESPONDENTS

Read each task statement in the list. If you perform the task in your job, place a check mark in the first column after the statement. If you supervise performance of the task by other persons, place a check mark in the second column.

For each task that you perform (and have checked in the first column), place an X mark in one of the squares of the Frequency column and in one of the squares of the Difficulty column to indicate your answers to the following questions:

A. Frequency: How often do you perform this task?

1. Several times a day
2. Once a day or several times a week
3. Once a week or several times a month
4. Once a month or less often

B. Difficulty: How difficult is this task?

1. Easy:	You follow a standard procedure that does not require any decisions; you never have to consult a procedure manual or a supervisor.
2. Moderate:	You have to select the most suitable procedures to fit different conditions or situation; you sometimes have to consult a procedure manual or a supervisor.
3. Difficult:	You encounter problems that may require changes in procedures or the use of new procedures; you usually have to consult a procedure manual or a supervisor.

Blank spaces at the end of each section are to be used for tasks which you do that have not been included.

APPENDIX 4-B

SURVEY DIRECTIONS TO EXPERT PANEL

Please rate each task using the scale below by placing an X mark in one of the squares in each column to indicate your answers to the following questions:

A. Difficulty: How difficult is this task?

1. Easy: You follow a standard procedure that does not require any decisions; you never have to consult a procedure manual or a supervisor.

2. Moderate: You have to select the most suitable procedures to fit different conditions or situations; you sometimes have to consult a procedure manual or a supervisor.

3. Difficult: You encounter problems that may require changes in procedures or the use of new procedures; you usually have to consult a procedure manual or a supervisor.

B. Criticality: Consequence of improper performance

1. Negligible: unimportant whether task is done a certain way or not (example: maintain up-to-date bulletine boards).

2. Some deviation is normally tolerated (example: plan special events for staff and/or students).

3. Reparable: error in performance could result in minor delays.

4. Very little error may be allowed without risk to employee or patient (example: report presence of safety hazard in working areas).

5. Irreparable: the task must be performed within strict parameters to avoid irreversible loss of health or human resources.

C. Occupational Level

1. Ward Clerk
2. Ward Administrator
3. Other

Blank spaces at the end of each section are to be used to write in tasks which have not been included.

APPENDIX 5

HOSPITALS SELECTED FOR STUDY

BIRMINGHAM

200 Beds or more

Baroness Erlanger Hospital	261 Wiehl Street Chattanooga, Tennessee 37403	Harold L. Peterson Administrator Walter Haddock Survey Liason
Baptist Medical Center	800 Montclaire Road Birmingham, Alabama 35211	Duane T. Houtz Administrator Survey Liason

100-199 Beds

Jeff Anderson Memorial Hospital	2124 14th Street Meridian, Mississippi 39301	Rueben S. Johnson President Mr. Mallette, Pers. Director Survey Liason
St. Judes Catholic Hospital	2018 W. Fairview Avenue Montgomery, Alabama 36108	Sister M. Evangelista RN Administrator Survey Liason

Under 100 Beds

Sam Howell Memorial Hospital	P.O. Box 508 Cartersville, Georgia 30120	James Floyd Administrator Survey Liason
Athens-Limestone Hospital	105 Sanders Street Athens, Alabama 35611	Kenneth G. Hawthorne Administrator Mr. Huffon Survey Liason

Extended Care Facilities

Plantation Manor	P.O. Box 97 McCalla, Alabama 35111	Mrs. Carmelita Lee Administrator Survey Liason
St. Lukes Nursing Home	1220 S. 17th Street Birmingham, Alabama 35205	Mr. Lierly Administrator Mr. Robbie Smith Survey Liason

BOSTON

200 Beds or more

Peter Bent Brigham Hospital	721 Huntington Avenue Boston, Massachusetts 02115	John Howe Personnel Director Survey Liason
Memorial Hospital	119 Belmont Street Worcester, Massachusetts 01600	David A. Barrett Administrator W. Kent Montgomery Director of Employee Relations Survey Liason

100-199 Beds

Faulkner Hospital	1153 Centre Street Boston, Massachusetts 02130	William J. Skerry Director James V. Kerrigan Survey Liason
Thayer Hospital	North Street Waterville, Maine 04901	Pearl R. Fisher, RN Administrator Survey Liason

Under 100 Beds

Mary Lane Hospital	85 South Street Ware, Massachusetts 01082	Owen F. Connolly Administrator Survey Liason
Falmouth Hospital	Ter Heun Drive Falmouth, Massachusetts 02540	Gerald F. Flynn Administrator Survey Liason

Extended Care Facilities

Hebrew Rehabilitation Center for Aged	1200 Centre Street Boston, Massachusetts 02131	Maurice I. May Administrator Lawrence Levinson Survey Liason
Cambridge Nursing Home	1 Russell Street Cambridge, Massachusetts 02140	Mr. Sidney Neustadt Administrator Survey Liason

CHICAGO

200 Beds or more

Chicago Wesley Memorial Hospital	250 E. Superior Street Chicago, Illinois 60611	Kenath Hartman Superintendent Miss Banton, Asst., Administrator Survey Liason
Kenosha Memorial Hospital	6308 8th Avenue Kenosha, Wisconsin 53140	Riley McDavid President John Kolar, Pers., Director Survey Liason

100-199 Beds

Delnor Hospital	975 North 5th Street St. Charles, Illinois 60174	Mr. J. Taft Administrator Survey Liason
Beloit Memorial Hospital	431 Olympian Boulevard Beloit, Wisconsin 53511	Roy A. Colwell Administrator William Moore, Pers., Manager Survey Liason

Under 100 Beds

DeKalb Public Hospital	680 Haish Boulevard KeKalb, Illinois 60115	Mary W. Pugh Administrator Survey Liason
Bethany Brethren	3420 W. Van Buren Street Chicago, Illinois 60624	Vernon C. Showalter Executive Director Milford C. Lady, Administrator Survey Liason

Extended Care Facilities

Sandra Nursing Home	14325 Blackstone Dalton, Illinois 61925	Mr. Richard Silk Administrator Survey Liason
Fox River Rehabilitation Center	4700 N. Clarendon Avenue Chicago, Illinos 60640	Mr. Larry Garcia Administrator Survey Liason

DENVER

200 Beds or more

St. Marys Hospital	7th Street & Patterson Road Grand Junction, Colorado 81501	Sister Michel, R.N. Administrator Mrs. Peggy Cannon, Pers. Director Survey Liason
St. Lukes Hospital	601 East 19th Avenue Denver, Colorado 80203	Richard C. Leavitt Administrator Royce Davis, Asst. Administrator Survey Liason

100-199 Beds

Memorial Hospital of Laramie County	Cheyenne, Wyoming 82001	William C. Nichols Administrator D. Paul Vencill, Asst. Administrator Survey Liason
Poudre Valley Memorial Hospital	1024 Lemay Avenue Fort Collins, Colorado 80521	J. R. Peterson Administrator Survey Liason

Under 100 Beds

Alamosa Community Hospital	Alamosa, Colorado 81101	Elton Reese Administrator Survey Liason
Longmont Community Hospital	1950 W. Mountain View Longmont, Colorado 80501	Henry Amicarello Administrator Survey Liason

Extended Care Facilities

Ivy Manor Nursing Home	2939 Vallejo Denver, Colorado 80211	David Zapiler Administrator Survey Liason
Eventide Nursing Home	1800 Strow Place Longmont, Colorado 80501	Roger Fell Administrator Survey Liason

LOS ANGELES

200 Beds or more

Kaiser Foundation Hospital	13652 Cantara Street Panorama City, California 91402	Kenneth L. Coston Administrator Survey Liason
Santa Monica Hospital	1250 - 16th Street Santa Monica, California 90404	Robert A. Craig Administrator Norman Peterson, Asst. Director Survey Liason

100-199 Beds

Morningside Hospital	8711 S. Harvard Boulevard Los Angeles, California 90047	T. W. Olson Administrator Survey Liason
West Valley Community Hospital	5333 Balboa Encino, California 91316	Carl Gottschalk' Administrator Survey Liason

Under 100 Beds

Community Hospital of Gardena	1246 W. 155th St., Box 2106 Gardena, California 90247	Max M. Weinberg Administrator Mrs. Smith, Director of Nursing Survey Liason
Garden Park General Hospital	9922 Gilbert Street Anaheim, California 92804	Edwin Bixby Administrator Survey Liason

Extended Care Facilities

Kaiser Extended Care	8015 Woodman Panorama City, California 91402	Kenneth L. Coston Administrator Survey Liason
Beverly West Convalescent Hospital	1516 Sawtelle Boulevard Los Angeles, California 90025	M. Bert Hattenbach Administrator Survey Liason

SEATTLE

200 Beds or more

St. Francis Xavier Cabrini Hospital	920 Terry Avenue Seattle, Washington 98104	Mother Lawrence Administrator Mary Miller, R.A. Survey Liason
Emanuel Hospital	2801 N. Gantenbein Avenue Portland, Oregon 97227	Attn: Personnel Director Survey Liason

100-199 Beds

St. Josephs Hospital Hospital	1006 North H Street Aberdeen, Washington 98520	Sister Jerome Mary Administrator Survey Liason
Vancouver Memorial Hospital	3400 Main Street	Paul S. Griff Administrator Mrs. Leeson Survey Liason

Under 100 Beds

Tri-State Memorial Hospital	1221 Highland Drive Clarkston, Washington 99403	William J. Yeats Administrator Survey Liason
West Seattle General Hospital	2601 SW Webster Street Seattle, Washington 98126	Bruce M. Burton Administrator Eleanor H. Rhees Survey Liason

Extended Care Facilities

Mt. Baker Convalescent Home	1700 24th Street S Seattle, Washington 98144	Mrs. Spore Administrator Survey Liason
Greenwood Convalescent Home	202 North 110th Street Seattle, Washington 98133	Arthur L. Marsh Survey Liason

APPENDIX 6

TASKS JUDGED BY EXPERT PANEL AS OUTSIDE THE PURVIEW
OF THE NURSING UNIT ADMINISTRATION
IN THE HEALTH FACILITY

A (1)	23.	Maintain log of long-distance phone calls.
A (2)	27.	Run errands to other departments.
A (3)	7.	Orient patient to his room and roommates.
A (3)	22.	Give patient his prescriptions and prescription drugs upon discharge.
A (3)	27.	Inform patient's family of patient's death.
A (3)	38.	Distribute patient menus.
A (5)	1.	Conduct regular fire and disaster drills.
B (4)	1.	Prepare cost figure for manpower needed.
B (4)	6.	Prepare budget evaluation.
B (4)	7.	Submit the budget.
B (6)	2.	Develop instructional programs.
B (7)	2.	Utilize computer systems for research data analysis.

APPENDIX 7

BLOCK I

TASKS CLUSTERED INTO MAJOR CONTENT AREAS - PERFORMED BY CLERKS AND MANAGERS:

I. Unit Communications

A (1)-19*	Sign for packages and flowers
A (1)-27	Deliver mail
A (2)-1	Receive and deliver telephone messages to unit personnel
A (2)-2	Inform patients of calls received
A (2)-3	Page doctors and other hospital personnel
A (2)-4	Answer the intercom and relay messages to unit personnel
A (2)-5	Announce the close of visiting hours
A (2)-6	Operate pneumatic tube
A (2)-7	Operate dumbwaiter and transveyor
A (2)-10	Relay information about unit activities
A (2)-23	Give information to other departments
A (2)-27	Run errands to other departments
A (3)-28	Note discharge on appropriate unit records
A (3)-37	Contact billing office on behalf of patient
B (3)-12**	Inform the next shift about problems needing attention

II. Maintenance of Unit Records, Forms, Checklists

A (1)-1*	Maintain unit census record
A (1)-2	Maintain list of new admissions, transfers, and discharges
A (1)-3	Maintain check-in and check-out sheet for location of patients
A (1)-4	Maintain check-in and check-out sheet for location of patient charts and records
A (1)-5	Maintain food tray service check list
A (1)-8	Write in headings on appropriate forms
A (1)-11	Keep files in order
A (1)-12	Write tags and labels for specimens
A (1)-15	Label trays, equipment, cupboards
A (1)-18	Record appropriate information in Kardex
A (1)-21	Report and record lost and found articles
A (1)-22	Maintain call roster of doctors
A (1)-25	Obtain consent signatures
A (1)-30	Maintain file unit correspondence and directives
B (3)-7**	Review time-sheets for accuracy

*Clerical Functions
**Administrative Functions

III. Maintenance of Patient Records

A (1)-7*	Assemble patient's records and forms, and other necessary data
A (1)-9	Stamp patient forms with imprinter
A (1)-10	Graph or chart information onto appropriate form
A (1)-16	Prepare patient charge forms
A (1)-17	Transcribe doctors' orders onto appropriate records
A (3)-11	Collect and forward transfer patient's medical records to receiving unit
A (3)-12	Record patient transfer on appropriate unit records
A (3)-20	Make record of unused medications upon discharge of patient
A (3)-29	Obtain autopsy and consent forms
A (3)-33	Record patient's death on appropriate records

IV. Requisitioning of Services

A (2)-15*	Requisition meals and nourishment from Dietary
A (2)-16	Requisition laboratory services
A (2)-17	Requisition services from Pharmacy
A (2)-18	Requisition the services of Housekeeping
A (2)-19	Requisition services from Laundry
A (2)-20	Request repairs from Maintenance
A (2)-21	Request equipment from Central Supply
A (2)-22	Request supplies from Storeroom
A (3)-9	Make appointments for patient
A (3)-10	Requisition physician consultations at doctor's request
A (3)-17	Arrange transportation or escort service for patient
A (3)-31	Requisition a shroud pack
A (3)-35	Contact attorney, barber, insurance agent, religious personnel, etc., on behalf of patient, as requested
A (3)-36	Obtain television set, reading materials, cigarettes, and other comforts for patient

V. Patient Information

A (1)-6*	Provide information to appropriate departments about "critical" patients
A (2)-8	Question physicians about patients
A (2)-9	Answer questions asked by unit personnel
B (6)-4**	Orient new personnel to the unit

VI. Patient Contact Activities

A (2)-11*	Visit and interview patients
A (3)-1	Greet and welcome new patients
A (3)-5	Inform patient of hospital procedures

*Clerical Functions
**Administrative Functions

A (3)-6*	Receive and store patient's valuables
A (3)-7	Orient patient to his room and roommates
A (3)-14	Receive transfer patient coming from another unit
A (3)-18	Inform patient of discharge procedure and other pertinent information
A (3)-19	Return patient's valuables upon discharge
A (3)-38	Distribute patient menus
A (3)-40	Control boisterous patient and/or visitor
A (3)-41	Respond to patient complaints

VII. Patient Procedure Activities

A (3)-2*	Notify appropriate unit personnel upon admission of new patient
A (3)-3	Make bed assignment
A (3)-4	Make and apply patient identification tags
A (3)-8	Record admission of new patient on appropriate unit records
A (3)-13	Alert receiving unit to be sure a bed is ready for a transfer patient
A (3)-15	Receive notification of discharge order
A (3)-16	Notify appropriate departments of patient discharge
A (3)-21	Collect and forward patient's prescription drugs to Pharmacy
A (3)-24	Send patient's charts and forms to Medical Records Department upon discharge

VIII. Visitor Related Activities

A (2)-12*	Inform visitors of hospital rules
A (2)-13	Direct visitors to appropriate rooms
A (2)-14	Locate doctors or nurses as requested by visitors

IX. Maintenance, Supplies, and Equipment Procedures

A (1)-20*	Duplicate forms as needed (photocopy)
A (1)-28	Maintain supply of stationery and writing materials
A (2)-25	Maintain unit reading materials
A (4)-1	Specify the type of equipment and supplies needed on the unit
A (4)-2	Establish standard quantities of supplies
A (4)-7	Check receipt of new supplies and equipment
A (4)-8	Assign and list location of supplies and equipment
A (4)-9	Place supplies and equipment in assigned positions
A (4)-10	Maintain inventory of supplies and equipment
A (4)-11	Maintain record of equipment loaned to or borrowed from other areas
A (4)-13	Maintain a doctor's drawer (for medical supplies)

*Clerical Functions

X. Miscellaneous

A (1)-29*	Clean up around nursing station
B (5)-1**	Attend meetings with department and unit personnel
B (6)-6	Give on-the-job instruction

*Clerical Functions
**Administrative Functions

APPENDIX 8

BLOCK II

TASKS CLUSTERED INTO MAJOR CONTENT AREAS - PERFORMED BY MANAGERS ONLY:

I. Establish objectives and policies

B (1)-1**	Formulate goals of nursing unit
B (1)-2	Develop policies and establish procedures for activities within the unit
B (1)-3	Develop methods for coordinating unit activities with other departments in the facility
B (1)-4	Translate policies into acceptable performance standards and establish devices to measure performance
B (1)-5	Develop procedures for safety, fire prevention, disaster and emergency control

II. Plan Departmental Organization

B (2)-1**	Determine staffing needs
B (2)-2	Design organizational or functional charts
B (2)-3	Develop job descriptions

III. Personnel practices

B (3)-3**	Recommend workers for raises and promotion
B (3)-4	Assign and list schedules (including holidays and leaves) for unit personnel
B (3)-5	Rotate duty assignments of employees
B (3)-6	Maintain personnel records
B (3)-8	Verify and sign overtime cards
B (3)-10	Investigate and correct personnel grievances
B (3)-11	Maintain employee morale

IV. Coordinate activities of the unit

A (5)-5*	Schedule cleaning of unit, including patient rooms
A (5)-6	Inspect cleanliness and sanitation of the unit
B (5)-2**	Prepare agenda and reports for meetings
B (5)-3	Conduct Staff Meetings
B (5)-4	Keep records of meetings
B (5)-5	Coordinate special projects with other unit activities
B (5)-6	Coordinate plans for changes in the unit
B (5)-7	Coordinate activities of volunteer workers and staff

*Clerical Functions
**Administrative Functions

V. Education and Training

B (6)-1**	Schedule classes and individual evaluation
B (6)-2	Develop instructional programs
B (6)-4	Orient new personnel to the unit
B (6)-8	Conduct classes, conferences, and workshops for unit personnel

VI. Maintenance, supplies and equipment procedures

A (4)-3**	Make rounds to discover repair and redecorating needs
A (4)-4	Insure that maintenance schedules for equipment are met
A (4)-5	Evaluate and approve requisitions for supplies and equipment
A (4)-12	Maintain linen supplies
A (5)-1	Conduct regular fire and disaster drills
A (5)-2	Check availability of fire control equipment
A (5)-4	Conduct safety inspection
A (5)-8	Participate in emergency mobilization of unit personnel
B (5)-4**	Determine supply needs

VII. Narcotic records

A (1)-13*	Check cards for narcotic renewals
A (1)-14	Compile narcotic summary sheet

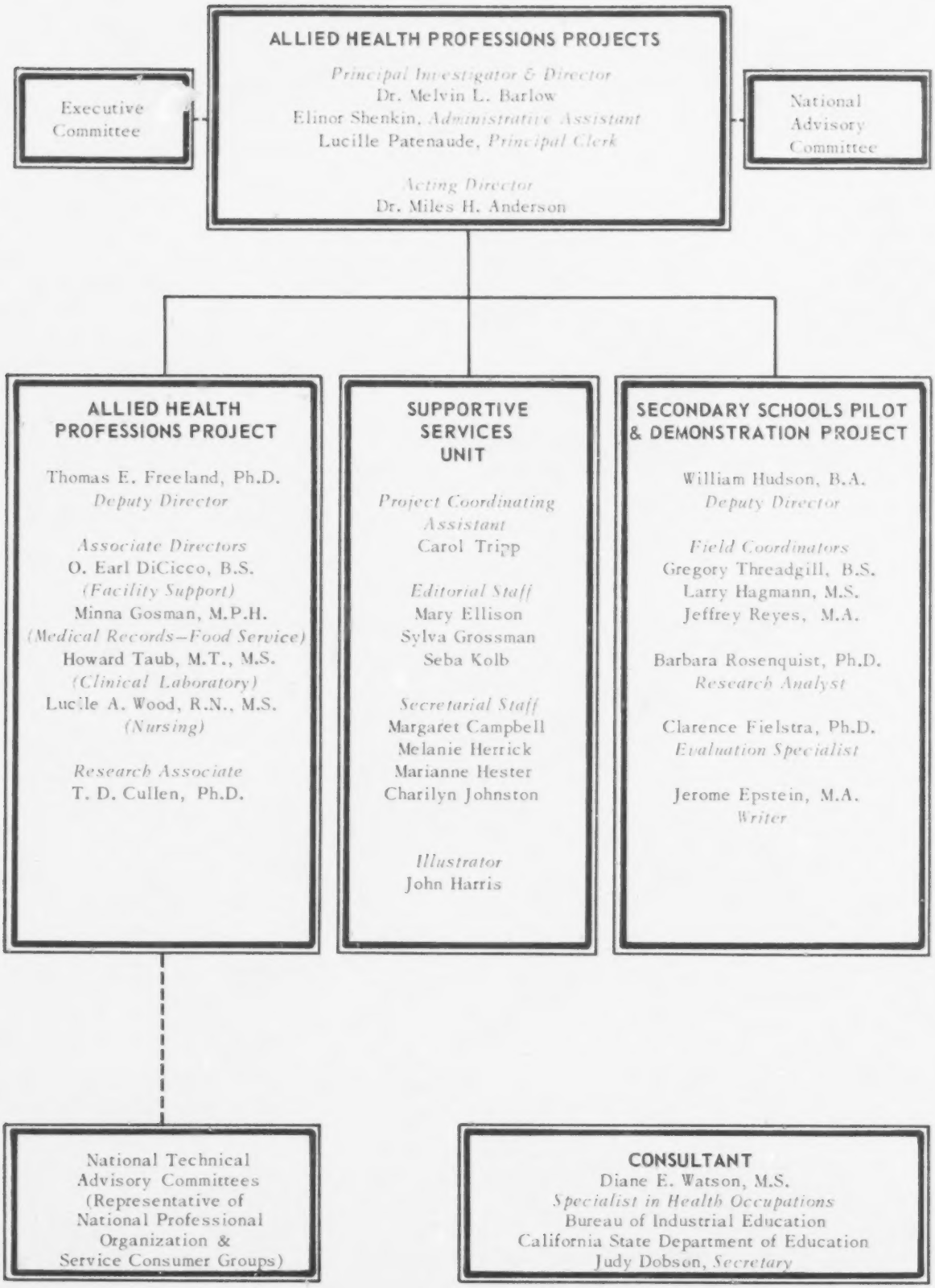
VIII. Procedures related to the dealth of the patient

A (3)-26*	Locate and inform the patient's physician of patient's death
A (3)-27	Inform patient's family of patient's death
A (3)-32	Collect and identify patient's belongings upon patient's death
A (3)-34	Meet and escort funeral director

IX. Miscellaneous

A (3)-39*	Go on daily rounds
A (5)-3	Fill out accident reports
B (6)-12**	Read professional and industrial publications
B (7)-1	Test new equipment and procedures

*Clerical Functions
**Administrative Functions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